



Community Health Needs Assessment

Clayton County, IA

On Behalf MercyOne Elkader Medical Center



May 2022

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

MercyOne Elkader Medical Center – Clayton County, IA - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for Clayton County was completed in 2019. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Clayton County, IA CHNA assessment began in December of 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, IA) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years. **Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates common understanding of the priorities of the community’s health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8.) fulfills Hospital “Mission” to deliver.

County Health Area of Future Focus on Unmet Needs

Area Stakeholder held a community conversation to review, discuss and prioritize health delivery. Below are two tables reflecting community views and findings:

Clayton County, IA 2022 CHNA Priorities - Unmet Needs CHNA Wave #4 Town Hall - March 31, 2022 Primary Service Area (21 Attendees / 66 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Treatment, Aftercare, Staffing)	15	22.7%	23%
2	Home Health / Skilled Care	11	16.7%	39%
3	Recruiting Providers / Assess to Specialists	6	9.1%	48%
4	Transportation	6	9.1%	58%
5	Obesity (Nutrition / Exercise)	5	7.6%	65%
6	Dental Services	4	6.1%	71%
7	Drugs / Substance Abuse	4	6.1%	77%
Total Votes		66	100%	
Other Needs With Votes: Awareness of HC Services, EMS staffing, Preventative Health & Wellness, HC Workforce Staff, Women Health / OB, Child Care, Clinic Hours of Operations, HC Workforce Shortage, Own Your Health, Parent/Youth Health Education, Poverty and Suicide				

Town Hall CHNA Findings: Areas of Strengths

Clayton County, IA - Community Health Strengths			
#	Topic	#	Topic
1	Public Health	6	Clinic Health Coaches
2	Hospital Scope of Services	7	School Health
3	Community Collaboration	8	Telehealth
4	Family Resource Center	9	EMS
5	Law Enforcement	10	Access to Primary Care

Key CHNA Wave #4 Secondary Research Conclusions found:

IOWA HEALTH RANKINGS: According to the 2021 Robert Woods Health Rankings, Clayton County, IA was ranked 25th in Health Outcomes, 79th in Health Factors, and 64th in Physical Environmental Quality out of the 99 Counties.

TAB 1. Clayton County's population is 17,549 (based on 2019). A recorded 5.4% of the population is under the age of 5, while the population that is over 65 years old is 24.4%. There are 6.0% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 17.3% of the population compared to the rural norm of 18.2%. Additionally, 89.7% are living in the same house as one year ago.

TAB 2. In Clayton County, the average per capita income is \$28,294 while 10.4% of the population is in poverty. The severe housing problem was recorded at 10.8% compared to the rural norm of 10.9%. Those with food insecurity is recorded at 9.1%, and those having limited access to healthy foods (store) is 1.1%. Individuals recorded as having a long commute while driving alone is 27.6% compared to the norm of 25.4%.

TAB 3. Children eligible for a free or reduced-price lunch in Clayton County is 37.8%. Roughly ninety percent (89.9%) of students graduated high school compared to the rural norm of 90.3%, and 17.7% have a bachelor's degree or higher.

TAB 4. The number of births where prenatal care started in the first trimester (per 1,000) is 518.2 and 58.8 of births in Clayton County have a low birth weight. The number of births occurring to teens (15-19) per population of 1,000 females is 16.8 compared to the rural norm of 45.2. The number of births where the mother smoked during pregnancy (per 1,000) was recorded as 131.7 compared to the rural norm of 216.9.

TAB 5. The Clayton County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 3,511 residents. Patients who reported “Yes”, they would definitely recommend the hospital was 95.0%. The average (median) time patients spend in the emergency department before leaving was 134 minutes compared to the rural norm of 138 minutes. The recorded preventable hospital rate per 100,000 of Medicare enrollees is 4,264.

TAB 6. In Clayton County, 16.3% of the Medicare population has depression. The recorded age-adjusted suicide mortality rate per 100k is 12.7 (as of 2019). The age-adjusted poor mental health days per week for Clayton County is 3.7 compared to the rural norm of also 3.8.

TAB 7a – 7b. Clayton County has an obesity percentage of 41.1% and a physical inactivity percentage is 29.2%. The percentage of adults who smoke is 20.2%, while the excessive drinking percentage is 24.8%. The Medicare hypertension percentage is 51.9%, while their heart failure percentage is 12.7%. Those with chronic kidney disease amongst the Medicare population is 20.9% compared to the rural norm of 21.0%. The percentage of individuals who were recorded with COPD was 8.0%. Clayton County recorded 1.8% of individuals who have had a stroke and 6.0% of the population having cancer.

TAB 8. The adult uninsured rate for Clayton County is 6.4% (based on 2019) compared to the rural norm of only 6.2%.

TAB 9. The life expectancy rate in Clayton County for both females and males is eighty-one years of age (81.0). The age-adjusted Cancer Mortality rate per 100,000 is 142.3, while the age-adjusted heart disease mortality rate per 100,000 is at 135.9. The alcohol impaired driving deaths percentage is 33.3% compared to the rural norm of 29.3%.

TAB 10. A recorded 73.9% of Clayton County has access to exercise opportunities. Those reported having diabetes is 8.5%. Continually, 51.0% of women in Clayton County seek annual mammography screenings compared to the rural norm of 48.3%.

Key CHNA Wave #4 Primary Research Conclusions Found:

Community feedback from residents, community leaders and providers (N=341) provided the following community insights through an online perception survey:

- Using a Likert scale, average between Clayton County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 76.9%.
- Clayton County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractors, Emergency Room, Inpatient Services, Outpatient Services, Pharmacy, and Primary Care.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Drug / Substance Abuse, Doctors (PEDS, OBGYN, ORTHO), Poverty, Obesity (Nutrition / Exercise), Awareness of Healthcare Services, Vaccine Rates, Family Planning / Sex Education, Health Apathy (Owning Your Health), and Chronic Diseases.

Clayton Co IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health (Diagnosis, Treatment, Aftercare, Physicians)	135	84.91%		1
2	Drug / Substance Abuse	126	79.25%		2
3	Poverty	103	64.78%		4
4	Obesity (Nutrition / Exercise)	93	58.49%		5
5	Doctors (PEDS, OBGYN, ORTHO)	83	52.20%		3
6	Chronic Diseases	51	32.08%		10
7	Vaccine Rates	51	32.08%		7
8	Parenting Education	48	30.19%		11
9	Family Planning / Sex Education	48	30.19%		8
10	Health Apathy - Owning Your Health	47	29.56%		9
11	Smoking	40	25.16%		16
12	Transportation	40	25.16%		12
13	Tobacco Use	38	23.90%		15
14	Awareness of Healthcare Services	36	22.64%		6
15	Suicide	32	20.13%		13
16	School Programming	23	14.47%		14
17	School Health / Nurses	20	12.58%		18
18	Water Quality	12	7.55%		17
Totals		1026			

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (*e.g., through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (*e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.*).

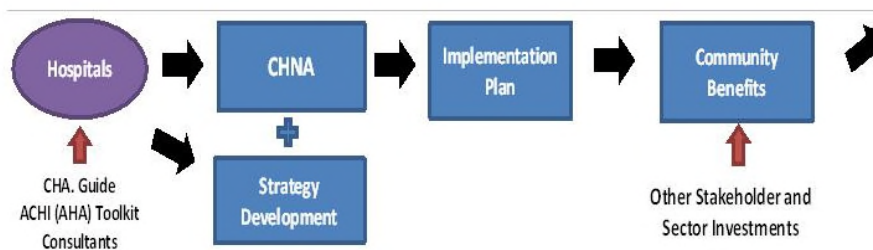
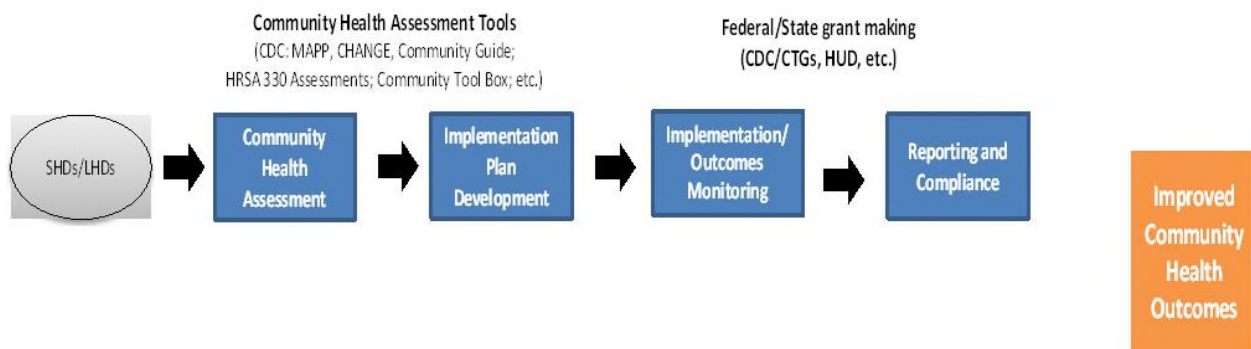
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Requirements Overview (Notice 2011-52)

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “hospital organizations,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility’s principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility’s defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be **“conducted”** in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “adopted” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545 hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospitals and health department CHNA partners:

MercyOne Elkader Medical Center

CEO: Brooke Kensinger
901 Davidson St N.W. Elkader, Iowa 52043 563-245-7000

About Us: We are MercyOne: a connected system of health care facilities and services dedicated to helping you and your community live your best life. More than 20,000 colleagues strong, our care providers and staff make your health and happiness their highest priority, so you can get well—and stay well. With 420 care locations, our clinics, medical centers and affiliates are never too far from home, allowing us to improve the lives of individuals and communities across the state of Iowa and beyond.

Mission: MercyOne serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.

Vision: MercyOne will set the standard for a personalized and radically convenient system of health services.

Values:

- **Integrity**
 - o We are faithful to who we say we are.
- **Commitment to the Poor**
 - o We stand with and serve those who are poor, especially the most vulnerable.
- **Compassion**
 - o Solidarity with one another, capacity to enter into another's joy and sorrow.
- **Excellence**
 - o Preeminent performance, becoming the benchmark, putting forth our personal and professional best.
- **Justice**
 - o We foster right relationships to promote the common good, including sustainability of the Earth.
- **Stewardship**
 - o We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Reverence**
 - o We honor the sacredness and dignity of every person.

All Services & Specialties:

Colonoscopy

- MercyOne Elkader Medical Center recommends everyone of average risk have a colonoscopy every 10 years starting at age 45 (according to new guidelines from the American Cancer Society); possible earlier if there's a family history of colon cancer or polyps. A colonoscopy may also be appropriate for anyone experiencing prolonged symptoms.
 - o Dr. Joseph Snyder
 - o Dr. Daniel Mansfield

Emergency Care

- Access to board-certified emergency physicians 24 hours a day, seven days a week.
- Connects rural communities to highly trained specialists
- Activation of emergency transport teams as early as possible
- Additional support during multiple emergencies
- Fewer transfers so patients can stay close to home
- Collaborative approach allows local caregivers to focus exclusively on patient care.

Eye Care

- Specializes in cataracts, contact lens fitting, glaucoma, and total eye care and treatment of eye diseases.
 - o Dr. Timothy Daley

General Surgery

- The experienced surgical team of MercyOne Elkader Medical Center provides exceptional care before, during and after surgery.
 - o General Surgery
 - o Cataract Removal – Dr. Tim Daley
 - o Colonoscopy – Dr. Joseph Snyder
 - o Foot Surgery – Dr. Chelsie Snyder
 - o Colonoscopy - Dr. Daniel Mansfield

Cardiology & Vascular Care

- Specialize in services to patients needing evaluation, treatment and management of heart and blood vessel diseases.
 - o R.S. Ramabadran, M.D.
 - o Rami S. Eltibi, M.D.

Hospice Care

- Home care
 - o Family is supported by one of the contracted Hospice teams to care for their loved one at home. Regular visits are made by staff to assure patient and family.
- Inpatient care
 - o If the need arises for more intense care and/or symptom control, the patient may be admitted to MercyOne Elkader Medical Center.
- Respite Care
 - o This type of care is available to offer caregiver's relief. The patient is admitted to MercyOne Elkader Medical Center and Medicare/Medicaid covers up to five days with hospice approval.

Imaging and Radiology

- Digital images are sent electronically to be interpreted by board-certified radiologists at Radiology Consultants of Iowa (RCI) in Cedar Rapids. After interpreting the exam, a report will be sent to your provider who ordered the test. Your provider will then share the results with you.
 - o General radiology (x-ray)
 - o Fluoroscopy
 - o CT (Computed Tomography)
 - o MRI (Magnetic Resonance Imaging)
 - o Ultrasound
 - o Mammography – 3D and 2D available
 - o Nuclear Medicine
 - o Bone Density

Lab Services

- The staff provides accurate, timely results, which plays a vital role in the detection, diagnosis and treatment of a disease. Signed lab orders are accepted from any provider.
 - o Blood bank
 - o Blood gases
 - o Chemistry
 - o Coagulation
 - o Hematology
 - o Immunology
 - o Serology
 - o Therapeutic phlebotomy
 - o Urinalysis
 - o DOT and Pre-employment drug screens, Breath Alcohol Testing
 - o Community Wellness Screenings

Mammogram

- 3D mammography captures multiple images from several angles, creating a multi-layered breast image, where as a 2D mammogram captures one image.
- 3D mammography improves visibility by reducing tissue superimposition or the stacking of breast tissue, which makes it difficult to see through.
- There is no additional compression required with 3D mammography.
- The exposure/compression time is about 4 seconds and uses approximately the same radiation dose as a 2D mammogram.

Nutrition Counseling

- Available for in-patient consultations, as well as outpatient counseling or diabetes, hypercholesterolemia and weight loss.
 - o Rebecca Hilby

Occupational, Physical & Speech Therapy

- MercyOne Elkader Medical Center Therapy Department offers a variety of services including physical

therapy, occupational therapy and speech therapy for inpatients and outpatients.

- o Strength, Balance and Vertigo
- o Post Surgical Rehabilitation
- o Sports Rehabilitation
- o Pain Management
- o Wound Treatment
- o Dry Needling
- o Graston Technique
- o Driving Evals
- o Swallowing
- o Video Swallow
- o Incontinence
- o Lymphedema
- o Home Safety Assessments
- o Daily Activities Assessments

Podiatry Care

- Foot and Ankle
 - o Dr. Chelsie M. Snyder

Respite Care

- Designed to provide relief to caregivers or individuals themselves. The respite care program provides daily, in-hospital attention and health supervision for individuals or caregivers who have a temporary need. Examples of those who would benefit from this program include: (1) Individuals who are unable to provide the necessary care for themselves due to an illness or injury, but do not qualify for inpatient care; (2) A caregiver of an individual who needs temporary relief from their duties; (3) A caregiver that needs a safe place for their loved one while they develop a transition plan from the home to an extended care facility.

Skilled Nursing

- Our skilled care unit is open and staffed with physicians, nurses and ancillary care givers. Patients have the opportunity to receive treatment and therapy needed to transition back to home safely, while being able to be close to home to enjoy the comfort of family and friends.
 - o Post-surgical Care
 - Patients needing care following a joint replacement or other orthopedic surgery.
 - o Cardiac Recovery
 - Patients needing skilled activity programs following a heart attack or acute episode of congestive heart failure.
 - o Neurological Disorders
 - Patients needing care to improve their level of

functioning with continued therapy.

- o IV Antibiotic/Wound Management
 - Patients needing wound management/ sterile dressing changes or intravenous antibiotics.

Sleep Medicine

- Sleep apnea is an involuntary cessation of breathing that occurs while the patient is asleep. Left untreated, sleep apnea can have serious and life-shortening consequences: high blood pressure, heart disease, stroke, automobile accidents caused by falling asleep at the wheel, diabetes, depression, and other ailments.
 - o In lab study
 - o At home test

Clayton County Public Health / Visiting Nurses Association

Administrator: Brittany Hubanks, Manager
111 High St NE
Elkader, IA 52043
563-245-1106
8:00 AM - 4:30 PM

County Services:

- Alerts
- Bid Postings
- Clayton County Resource Guide
- Employment Opportunity
- Health & Zoning Permits
- Online Payments
- Report a concerns
- Solid Waste Disposal
- Sheriff's office Training Programs
- Substance Abuse Services
- Visiting Nurses Association

Residents:

- Cemeteries
- Census Information
- Community Events
- Community News
- Community Voice
- County Newsletter
- County Road Map
- County Statistics & History
- Employment Opportunities
- Official Newspaper
- Ordinances
- Property Tax Information
- Public Health/Visiting Nurses Association

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website VandehaarMarketing.com)



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

Cassandra Kahl, BHS MHA – Director, Project Management

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences (BHS)
 - Park University - Masters of Health Administration (MHA)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

Our Vision: meeting today's challenges with the voice of the market.

Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December of 2021 for MercyOne Elkader Medical Center located in Clayton County, IA to meet Federal IRS CHNA requirements.

In early November 2021, a meeting was called amongst the Elkader Medical Center leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to Elkader Medical Center requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin two-year summary was generated documenting patient draw by zips as seen below:

Elkader Medical Center - Define PSA					Inpatients			Emergency			Outpatients		
Source: KHA, FFY 2019 - 2021		22,234	Totals - IP/OP		173	184	188	1,094	976	1,149	6,202	5,718	6,550
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21
52043 - Elkader	Clayton	10,435	46.9%	46.9%	110	101	86	525	446	498	2,968	2,699	3,002
52159 - Monona	Clayton	1,894	8.5%	55.4%	14	9	15	89	70	98	501	490	608
52049 - Garnavillo	Clayton	1,271	5.7%	61.1%	4	13	10	38	30	48	407	362	359
52077 - Volga	Clayton	1,108	5.0%	66.1%	8	9	9	80	53	74	330	254	291
52072 - Saint Olaf	Clayton	1,068	4.8%	70.9%	5	9	15	52	45	54	332	299	257
52157 - McGregor	Clayton	1,024	4.6%	75.5%	3	9	6	25	54	47	257	281	342
52047 - Farmersburg	Clayton	1,009	4.5%	80.1%	8	7	10	54	53	66	263	229	319

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use valid health indicator sources cited to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

Phase III—Quantify Community Need:

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community unmet health needs was administered.

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

Complete full documentation to create each CHNA sections documented in Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on hospital website to meet government CHNA regulation criteria.

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research - Town Hall prep	<i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary & Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). < Note: Formal report will follow IRS Notice 2011-52 regs & PHAB requirements. ></i>
VVV Consultants, LLC Olathe, KS 913 302-7264	

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (county specific) sources of community-health level indicators:

CHNA Detail Resources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention


Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)
Twenty-six leading health indicators organized under 12 topics.
- [Kids Count external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

MercyOne Elkader Medical Center - Elkader, IA			
VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 12/17/21			
Step	Timeframe	Lead	Task
1	12/17/21	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2		Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	by 12/31/2021	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	by 12/31/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOorigin.xls)
5	1/3/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan - Feb 2022	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	by 1/24/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	1/24/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/3/2022	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 3/03/2022 for Online Survey
10	by 3/1/2022	Hosp	Prepare/send out to leaders the PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	3/3/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	3/28/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	3/31/2022	VVV	Conduct CHNA Town Hall for a working Dinner from 5:30 pm - 7:00 pm at TBD . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 4/29/22	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/26/22	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	TBD	TBD	Conduct Client Implementation Plan PSA Leadership meeting
17	TBD	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting – Clayton Co. (IA) on Behalf of MercyOne Elkader Medical Center



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264


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Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

- I. Check-In / Introductions
- II. Review CHNA Purpose and Process 5 mins
- III. Review Current County "Health Status"
 - Secondary data by 10 Tab categories
 - Review community feedback research 25 mins
- IV. Collect Community Health Perspectives
 - Assigned breakout room sessions (Lead/Reporter)
 - Uncover unmet needs/reporting back discussion 40 mins
- V. Returning To Community General Session
 - Report up / distribute poll. End town hall 20 mins

2

I. Introduction: Who We Are Background and Experience (BIOs Available)





Vince V. Vandehaar, MBA – Principal
VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Cassandra J. Kahl, BHS – Director, Project Management
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Pharmacy Management – 2 ½ years
- Mayo Clinic PT Dept
- Hometown: Maple, WI



Christina M. Low – Associate Consultant
VVV Consultants LLC – March 2022

- Kansas State University – Pre-Nursing
- Rasmussen College – MHA, BHS
- 10+ years of "hands on" Clinical & Administrative experience
- Hometown: Salina, KS

*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

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Clayton County, IA 2022 CHNA Town Hall (Elkader)

#	Breakout	Lead	Last	First	Organization	Title
1	A	##	Boege	Katie	MercyOne Elkader Medical Center	Ed & Strategic Initiative Manager
2	A		Barnhart	Miranda	Guttenberg Care Center	Administrator
3	A		Bockenbach	Lynn	Guttenberg Municipal Hospital & Clinics	Social worker
4	A		Denzler	Nicole	Hospital Foundation/School Board	
5	A		Dickers	Michele		Physician
6	A		Dillon	Karmen		
7	A		Garns	Kerth	FreedomBank	Chairman
8	A		Gibney	Ann	Elkader Area Chamber of Commerce	Chamber Coordinator
9	A		Reichart	Aaron	Central CSD	Principal
10	A		Roe	Jennifer	Helping Services for Youth & Families	Prevention Coordinator
11	A		Smith	Ken	MercyOne Elkader	CNO
12	A		Tackel-Julien	Margaret	One in Faith Parish	Rev
13	B	##	Shel	Natalie	MercyOne Elkader Medical Center	Emergency Room Manager
14	B		Adlers	Tim	Guttenberg Municipal Hospital & Clinics	CIO
15	B		Amy	Holst	Keystone AFA	
16	B		Baumgartner	Samantha	Main Street Elkader / Elkader Economic Dev	
17	B		Dahlstrom	Carry	MercyOne Elkader Medical Center	Clinical Nurse Manager
18	B		Garns	Nela	Hospital Foundation	
19	B		Harbaugh	Kari	Guttenberg Municipal Hospital & Clinics	Family Resource Center Coord
20	B		Hubanks	Brittany	Visiting Nurse Association	Manager
21	B		Jones	Billie	MercyOne Elkader Ambulance Service	Paramedic
22	B		McCorkindale	Ann	Central Community Hospital Foundation	Treasurer
23	B		Moser	Sarah	Emergency Management	Coordinator
24	B		Requet	Heather	HSK LTD	Executive Director
25	B		Smith	Andy	Cornerstone Farm Practice	MD
26	C	##	Schaufenbuel	Anna	Clayton County VNA/Public Health	BN
27	C		Shaman	Sarah	NKLC	
28	C		Conwert	Jennifer	City of Elkader	College & Career Coach
29	C		French	Merry	Substance Abuse Services for Clayton Co	Program Director
30	C		Gibney	Dave		
31	C		Kreninger	Brooks	MercyOne Elkader	
32	C		Kregel	Tracy	Guttenberg Municipal Hospital & Clinics	CIO
33	C		Marson	Lisa	Guttenberg Municipal Hospital and Clinics	Director of Ambulatory Services
34	C		Poppe	Josh	City of Elkader	Mayor
35	C		Spohla	Ken	Helping Services for Youth & Families, Inc.	Director of Prevention Services
36	C		Timmerman	Olivia	MercyOne Elkader Medical Center	BN Patient Navigator
37	C		Willis	Patnaude	Times-Register Newspaper	Reporter
38	C		Woodcock	Charlie	Northwest Iowa Behavioral Health, Inc.	Executive Director

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II. Review CHNA Focus and Process Town Hall Roles / Duties

- Attendees
 - Have engaging conversation (Be specific)
 - No right or wrong answer
 - Truthful responses
 - Take Notes – Make your list of important health indicators
 - Complete unmet needs poll – Representing community
 - Chat – Log thoughts during meeting
 - Have Fun..
- Local Leads (Breakout Rooms)
 - Facilitate community conversation
 - Ensure team involvement – Everyone participates

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II. Review of a CHNA

- A Community Health Needs Assessment (CHNA) is a....
 - **Systematic collection, assembly, analysis, and dissemination of information about the health of the community.**
- A CHNA's role is to....
 - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- Purpose of a CHNA – Why Conduct One?
 - Determine health-related trends and issues of the community
 - Understand / evaluate health delivery programs in place.
 - Meet Federal requirements – both local hospital and health department
 - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

6

I. Introductions: A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

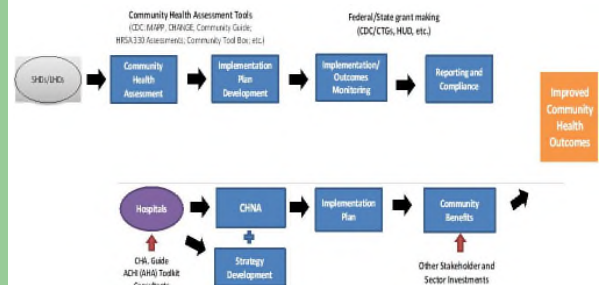
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

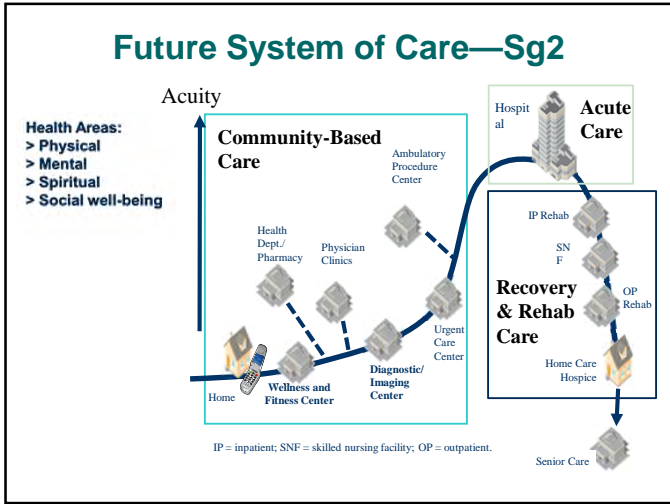
Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

7

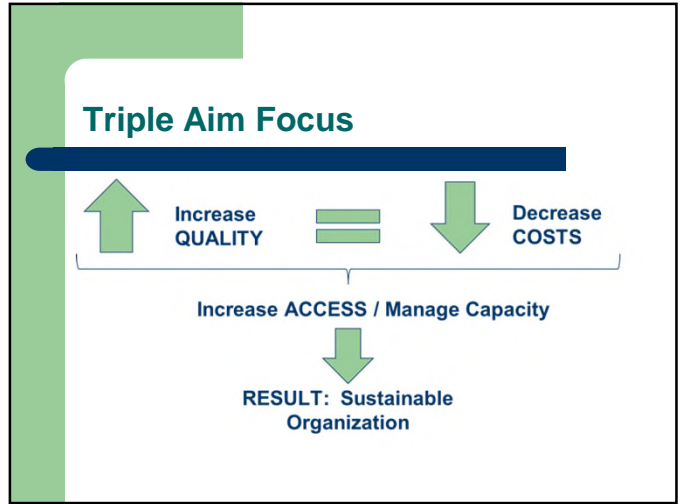
Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



8



9



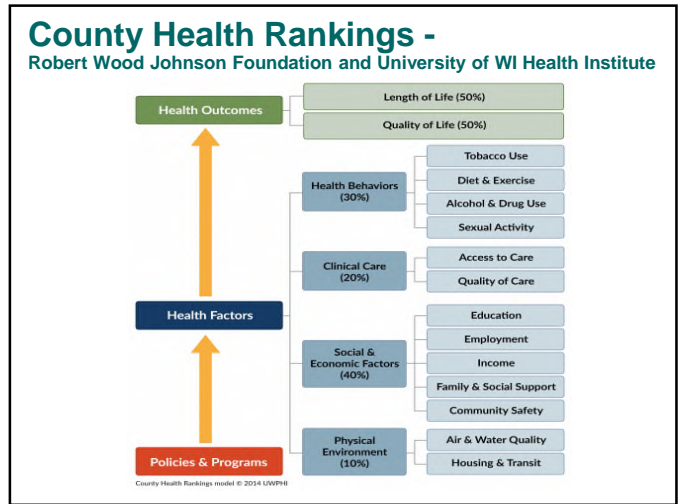
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III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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Reflecting on Unmet Needs In Breakout Rooms Adds/Deletes??

CHNA Research Conclusions Uncovered			
Potential CHNA Unmet Needs - Clayton Co. IA			
#	#1 List	#	#2 List
a	Mental Health	a	Drug / Substance Abuse
b	Poverty	b	Obesity (Nutrition/Exercise)
c	Lack of Doctors / Providers	c	Chronic Diseases
d	Vaccine Rates	d	Health Education
e	Family Planning	e	Owning Your Health (Apathy)
f	Smoking / Vaping	f	Transportation
g	Awareness of Healthcare Services	g	School Health
h	Youth Activities	h	Suicide
i	Preventative Health / Wellness	i	Care Coordination

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Collaborate Breakout Room Discussions

- TEAMS: Share Themes From Breakout Sessions
- Unmet Needs - Consensus
- Administer Poll
- Close – Next Steps Moving Forward

After Meeting Thoughts: Email VVV Team
VVV@VandelaarMarketing.com
CJK@VandelaarMarketing.com

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IV. Collect Community Health Perspectives Ask your opinion. Your thoughts?

- 1) Are there healthcare services in your community/neighborhood that you feel ***need to be improved and/or changed?*** **ASK: Top 3 unmet health needs per attendee – rapid fire** (20 mins)
- 2) What are the ***strengths*** of our community that contribute to health? **ASK: Top 3 Strengths per attendee – rapid fire** (10 mins)

ROLES: Local LEAD – Guide discussion
 VVV Staff – Take notes

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Community Health Needs Assessment



VVV Consultants LLC
 601 N Mahaffie
 Olathe, KS 66061

Questions? Next Steps?

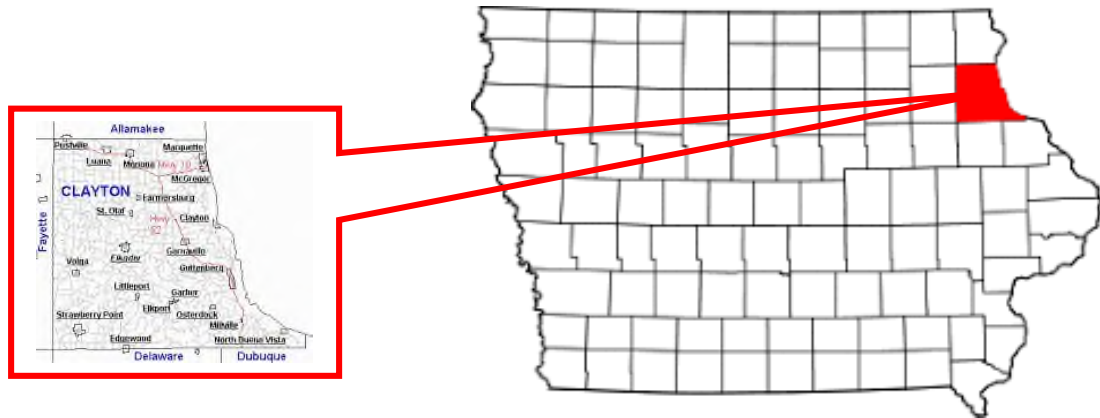
VVV@VandelaarMarketing.com
CJK@VandelaarMarketing.com
 (913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

Clayton County (IA) Community Profile



The population of Clayton County was estimated to be 18,202 citizens in 2021 and a population density of 23 persons per square mile.

MercyOne Elkader Medical Center is located in the city of Elkader, Iowa, county seat of Clayton County. Positioned on Highway 56, Elkader is about 74 miles north of the Cedar Rapids metropolitan area, which has a population in excess of 135,810.

Elkader County (IA) Community Profile

Clayton County Public Airports¹

Name	USGS Topo Map
Central Community Hospital Heliport	Elkader
Elkader Airport	Elkader
GAA Private Airport	Guttenberg
Monona Municipal Airport	Giard
Strawberry Point Medical Center Heliport	Strawberry Point
Walters Heliport	Guttenberg

Schools in Clayton County: Public Schools²

Name	Level
Central Elementary	Elementary
Central Middle School/High School	High
Clayton Ridge Elementary School	Elementary
Clayton Ridge High School	High
Clayton Ridge Middle School	Middle
Edgewood-Colesburg High School	High
Iowa Virtual Academy	Other
McGregor Intermediate School	Elementary
Mfl Marmac Elementary School	Elementary
Mfl Marmac Hs	High
Mfl Marmac Middle School	Middle

¹ <https://iowa.hometownlocator.com/features/cultural,class,airport,scfips,19043.cfm>

² <https://iowa.hometownlocator.com/schools/sorted-by-county,n,clayton.cfm>

Clayton Co, IA - Detail Demographic Profile

#	ZIP	NAME	County	Population			Households		HH	Per Capita
				Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	52042	Edgewood	CLAYTON	1,917	1,894	-1.2%	670	662	2.8	\$26,099
2	52043	Elkader	CLAYTON	2,461	2,469	0.3%	1,113	1,121	2.2	\$31,627
3	52044	Elkport	CLAYTON	115	114	-0.9%	46	46	2.5	\$29,713
4	52047	Farmersburg	CLAYTON	573	573	0.0%	249	249	2.3	\$29,595
5	52048	Garber	CLAYTON	308	304	-1.3%	130	128	2.4	\$31,270
6	52049	Garnavillo	CLAYTON	1,273	1,255	-1.4%	558	551	2.2	\$30,589
7	52052	Guttenberg	CLAYTON	3,259	3,260	0.0%	1,440	1,445	2.2	\$29,226
8	52066	North Buena	CLAYTON	120	119	-0.8%	62	62	1.9	\$35,349
9	52072	Saint Olaf	CLAYTON	435	436	0.2%	179	179	2.4	\$29,187
10	52076	Strawberry	CLAYTON	2,274	2,244	-1.3%	935	926	2.4	\$30,907
11	52077	Volga	CLAYTON	390	388	-0.5%	156	156	2.5	\$29,313
12	52156	Luana	CLAYTON	723	718	-0.7%	288	287	2.5	\$35,886
13	52157	Mc Gregor	CLAYTON	1,900	1,902	0.1%	850	853	2.2	\$31,478
14	52158	Marquette	CLAYTON	397	405	2.0%	198	202	1.9	\$32,324
15	52159	Monona	CLAYTON	2,225	2,190	-1.6%	945	933	2.4	\$31,720
Totals				18,370	18,271	-0.5%	7,819	7,800	2.3	\$30,952

#	ZIP	NAME	County	Population				Year 2020		Females
				Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	52042	Edgewood	CLAYTON	1,917	369	624	227	40	928	206
2	52043	Elkader	CLAYTON	2,461	654	601	240	51	1,273	222
3	52044	Elkport	CLAYTON	115	19	40	14	38	53	13
4	52047	Farmersburg	CLAYTON	573	110	160	70	44	282	62
5	52048	Garber	CLAYTON	308	48	118	38	34	145	32
6	52049	Garnavillo	CLAYTON	1,273	341	312	124	50	620	124
7	52052	Guttenberg	CLAYTON	3,259	907	733	352	52	1,640	316
8	52066	North Buena	CLAYTON	120	25	27	16	49	54	12
9	52072	Saint Olaf	CLAYTON	435	90	112	54	47	210	43
10	52076	Strawberry	CLAYTON	2,274	500	682	253	43	1,130	242
11	52077	Volga	CLAYTON	390	75	125	35	42	186	40
12	52156	Luana	CLAYTON	723	128	242	80	40	359	73
13	52157	Mc Gregor	CLAYTON	1,900	471	452	223	50	929	191
14	52158	Marquette	CLAYTON	397	106	89	48	50	194	41
15	52159	Monona	CLAYTON	2,225	445	664	259	43	1,100	238
Totals				18,370	4,288	4,981	2,033	672	9,103	1,855

#	ZIP	NAME	County	Population 2020				Average Households 2020		
				Caucasian	African Amer	Amer Ind.	Hispanic	HH 2020	Med \$ HH	HH \$50K+
1	52042	Edgewood	CLAYTON	99.0%	0.2%	0.1%	0.5%	670	\$60,620	431
2	52043	Elkader	CLAYTON	96.8%	0.1%	0.3%	1.0%	1113	\$59,191	679
3	52044	Elkport	CLAYTON	99.1%	0.0%	0.0%	0.9%	46	\$58,561	31
4	52047	Farmersburg	CLAYTON	98.4%	0.2%	0.0%	1.2%	249	\$57,699	153
5	52048	Garber	CLAYTON	99.7%	0.0%	0.0%	0.3%	130	\$59,143	84
6	52049	Garnavillo	CLAYTON	97.9%	0.5%	0.2%	2.6%	558	\$57,913	339
7	52052	Guttenberg	CLAYTON	98.3%	0.1%	0.0%	1.3%	1440	\$51,660	787
8	52066	North Buena	CLAYTON	98.3%	0.0%	0.0%	1.7%	62	\$64,403	40
9	52072	Saint Olaf	CLAYTON	97.9%	0.0%	0.0%	1.4%	179	\$62,310	119
10	52076	Strawberry	CLAYTON	98.0%	0.2%	0.0%	1.4%	935	\$57,285	565
11	52077	Volga	CLAYTON	97.2%	0.3%	0.0%	3.1%	156	\$65,748	111
12	52156	Luana	CLAYTON	90.3%	2.2%	0.1%	9.3%	288	\$63,806	177
13	52157	Mc Gregor	CLAYTON	97.5%	0.1%	0.5%	1.6%	850	\$55,995	496
14	52158	Marquette	CLAYTON	97.2%	0.0%	0.5%	1.3%	198	\$50,598	107
15	52159	Monona	CLAYTON	97.0%	0.7%	0.3%	2.0%	945	\$55,938	548
Totals				97.5%	0.3%	0.1%	2.0%	7,819	\$58,725	4,667

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

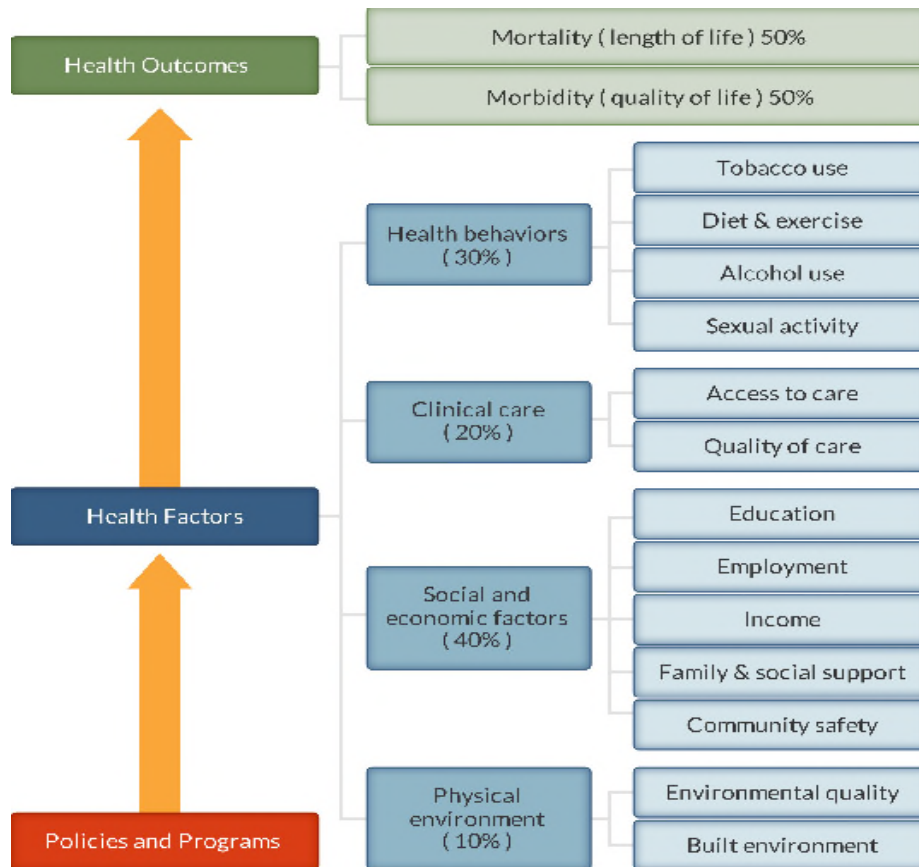
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participantes. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ’s model use a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2021 RWJ Health Rankings:

#	IA Rankings - 99 Counties	Definitions	Clayton Co.	Trend	Rural IA Co Norm N=16
1	Health Outcomes		25		63
	Mortality	Length of Life	30		63
	Morbidity	Quality of Life	23		63
2	Health Factors		79		66
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	72		64
	Clinical Care	Access to care / Quality of Care	85		57
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	72		67
3	Physical Environment	Environmental quality	64		48

Rural IA Norm (N=16) includes the following counties: Appanoose, Carroll, Marion, Fremont, Decatur, Cherokee, Mahaska, Poweshiek, Marshall, Davis, Monroe, Ringgold, Clarke, Wayne, Lucas, Jasper.

<http://www.countyhealthrankings.org>, released 2021

PSA Secondary Research:

When studying community health, it's important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
1	a Population estimates, 2019	17,549		3,193,079	15,627	County Health Rankings
	d Persons under 5 years, percent, July 1, 2021, (V2021)	5.4%		6.2%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2021, (V2021)	24.4%		17.5%	21.4%	People Quick Facts
	f Female persons, percent, July 1, 2021, (V2021)	49.3%		50.2%	49.7%	People Quick Facts
	g White alone, percent, July 1, 2021, (V2021)	97.5%		90.6%	96.0%	People Quick Facts
	h Black or African American alone, percent, July 1, 2021, (V2021)	0.9%		4.1%	1.3%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2021, (V2021)	2.0%		6.3%	4.6%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	6.0%		8.3%	6.7%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	89.7%		85.2%	87.1%	People Quick Facts
	m Children in single-parent households, %, 2015-2019	17.3%		21.0%	18.2%	County Health Rankings
	n Total Veterans, 2015-2019	1,321		185,671	1,135	People Quick Facts

Tab 2: Economic Profile

Monetary resources will (at times) drive health “access” and self-care.

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
2	a Per capita income in past 12 months (in 2018 dollars), 2015-2019	\$28,294		\$30,063	\$28,706	People Quick Facts
	b Persons in poverty, percent, 2021	10.4%		10.2%	11.3%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	9,164		1,418,626	7,323	People Quick Facts
	d Total Persons per household, 2015-2019	2.3		2.4	2.3	People Quick Facts
	e Severe housing problems, percent, 2013-2017	10.8%		11.9%	10.9%	County Health Rankings
	f Total of All firms, 2012	1,673		259,121	1,402	People Quick Facts
	g Unemployment, percent, 2019	3.7%		2.7%	2.8%	County Health Rankings
	h Food insecurity, percent, 2018	9.1%		9.7%	9.6%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	1.1%		5.6%	6.5%	County Health Rankings
	j Long commute - driving alone, percent, 2015-2019	27.6%		20.6%	25.4%	County Health Rankings

Tab 3: Educational Profile

Currently, school districts are providing on-site primary health screenings and basic care.

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019 (ALL Schools)	37.8%		42.5%	47.0%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	89.9%		92.1%	90.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	17.7%		28.6%	20.0%	People Quick Facts

Tab 3: Educational Profile (Continued)

TAB 3. Educational Profile						
#	CHNA 2022 Indicators - Clayton Co. IA	CENTRAL COMMUNITY SCHOOL DISTRICT	CLAYTON RIDGE SCHOOL DISTRICT	EDGEWOOD-COLESBURG SCHOOL DISTRICT	MFL MAR-MAC COMMUNITY SCHOOL DISTRICT	POSTVILLE COMMUNITY SCHOOL DISTRICT
1	Total Public School Nurses	1	2	1	2	1
2	School Nurse is part of the IEP Team	Yes	Yes	Yes	Yes	No
3	Active School Wellness Plan	Yes	Yes	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	85/5/2	244/7/unknown	80/1/unknown	109/3/unknown	700/unknown
5	HEARING: # Screened / Referred to Prof / Seen by Professional	101/1/1	123/2/1	104/4/1	172/5/2	130/1/1
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	97/7/unknown	36/6/unknown	78/9/unknown	35/unknown/unknown	108/25/unknown
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	0	0	0	0	0
8	Students Served with No Identified Chronic Health Concerns	113	577	498	891	unknown
9	School has a Suicide Prevention Program	No	No	Yes	Yes	No
10	Compliance on Required Vaccinations	96%	96%	99%	91%	not required by state, low enrollment

Tab 4: Maternal / Infant Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
4	a Number of Births Where Prenatal Care began in First Trimester, 2018-2019, Rate per 1k	518.2		787.2	679.7	Iowa Health Fact Book
	b Percent Premature Births by County, 2020	8.7%		8.1%	7.9%	idph.iowa.gov
	c 2 Year Old Immunizations for the 4-3-1-3-3-1-4 by IRIS Population, 2020	59.5%		72.4%	67.3%	idph.iowa.gov
	d Number of Births with Low Birth Weight, 2018-2019, Rate per 1k	58.8		68.4	61.3	Iowa Health Fact Book
	e Number of all Births Occurring to Teens (15-19), 2018-2019, Rate per 1k	16.8		40.8	45.2	Iowa Health Fact Book
	g Number of births Where Mother Smoked During Pregnancy, 2018-2019, Rate per 1k	131.7		112.6	216.9	Iowa Health Fact Book

#	Criteria - Vital Statistics (Rate per 1,000)	Clayton Co.	Trend	Iowa	Rural IA Norm (16)
a	Total Live Births, 2016	9.6		12.5	12.5
b	Total Live Births, 2017	11.5		12.2	12.0
c	Total Live Births, 2018	9.4		11.9	11.4
d	Total Live Births, 2019	11.0		11.9	11.6
e	Total Live Births, 2020	11.4		11.4	11.3

Tab 5: Hospitalization and Provider Profile

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
5	a Primary Care (MDs / DOs only) Ratio of population to primary care physicians, 2018	3511:1		1,390:1	2252:1	County Health Rankings
	b Rate of preventable hospital stays for ambulatory-care sensitive conditions per 100k Medicare enrollees (lower the better), 2018	4,264		3,536	3,453	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	94.0%		NA	79.5%	CMS Hospital Compare
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	95.0%		NA	74.4%	CMS Hospital Compare
	e Average Time Patients Spent in the Emergency Dept. Before Seen by a Healthcare Professional (Mins)	138		NA	120	CMS Hospital Compare

IHA Inpatient Utilization	FFY21	FFY20*	FFY19	FFY18
Total IP- Clayton Co IA	1051	1,525	1,543	1,510
Pediatric Age 0-17	130	178	200	165
Adult Medical/Surgical Age 18-44	170	252	242	260
Adult Medical/Surgical Age 45-64	178	273	258	274
Adult Medical/Surgical Age 65-74	223	279	308	285
Adult Medical/Surgical Age 75+	350	543	535	526
IHA Inpatient Utilization	FFY21	FFY20*	FFY19	FFY18
MercyOne Elkader IP Only	125	169	160	114
Pediatric Age 0-17	1	0	1	0
Adult Medical/Surgical Age 18-44	5	3	1	2
Adult Medical/Surgical Age 45-64	11	18	15	9
Adult Medical/Surgical Age 65-74	32	37	27	25
Adult Medical/Surgical Age 75+	76	111	116	78

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
6	a Depression: Medicare Population, percent, 2017	16.3%		19.3%	17.6%	Centers for Medicare and Medicaid Services
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2015-2019 (lower is better)	12.7		14.6	17.3	Iowa Health Fact Book
	c Poor mental health days, 2018	3.7		3.5	3.8	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7a	a Adult obesity, percent, 2017	41.1%		34.3%	37.4%	County Health Rankings
	b Adult smoking, percent, 2018	20.2%		17.4%	20.2%	County Health Rankings
	c Excessive drinking, percent, 2018	24.8%		25.8%	24.0%	County Health Rankings
	d Physical inactivity, percent, 2017	29.2%		22.6%	25.9%	County Health Rankings
	e Poor physical health days, 2018	3.4		3.1	3.4	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000, 2018	33.0		14682	42.9	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
7b	a Hypertension: Medicare Population, 2017	51.9%		54.2%	55.3%	Centers for Medicare and Medicaid Services
	b Hyperlipidemia: Medicare Population, 2017	40.9%		44.6%	42.4%	Centers for Medicare and Medicaid Services
	c Heart Failure: Medicare Population, 2017	12.7%		13.0%	13.7%	Centers for Medicare and Medicaid Services
	d Chronic Kidney Disease: Medicare Pop, 2017	20.9%		21.6%	21.0%	Centers for Medicare and Medicaid Services
	e COPD: Medicare Population, 2017	8.0%		10.9%	11.3%	Centers for Medicare and Medicaid Services
	f Atrial Fibrillation: Medicare Population, 2017	8.6%		9.1%	8.9%	Centers for Medicare and Medicaid Services
	g Cancer: Medicare Population, 2017	6.0%		7.7%	7.1%	Centers for Medicare and Medicaid Services
	h Osteoporosis: Medicare Population, 2017	3.2%		6.3%	5.9%	Centers for Medicare and Medicaid Services
	i Asthma: Medicare Population, 2017	2.8%		3.9%	3.0%	Centers for Medicare and Medicaid Services
	j Stroke: Medicare Population, 2017	1.8%		2.8%	2.8%	Centers for Medicare and Medicaid Services

Tab 8: Uninsured Profile and Community Benefit

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
8	a Uninsured, percent, 2016	6.4%		5.6%	6.2%	County Health Rankings

#	ECMC - Clayton County, IA	YR 2019	YR 2020	YR 2021
1	Bad Debt - Write off	\$264,565	\$298,101	\$187,919
2	Charity Care - Free Care Given	\$343,314	\$254,241	\$249,878

Tab 8: Uninsured Profile and Community Benefit (Continued)

Source: Internal Records - Jasper County Health Department				
#	Community Tax Dollars - Clayton Co IA Health Dept. Operations	YR 2019	YR 2020	YR 2021
1	County Health Funding: Core Community Public Health	\$145,000	\$166,036	\$153,831
2	Child Care Nurse Consulting (Multiple county service area)	\$63,431	\$55,056	\$60,565
3	Environmental Services			
4	Public Health Services Grant	\$54,570	\$54,792	\$54,869
5	Immunizations I4 Grant	\$7,093	\$13,692	\$9,000
6	WIC Administration: Multiple county service area	\$314,409	\$311,342	\$291,409

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
9	a Life Expectancy (Male and Females), 2017-2019	81.0		79.4	78.5	County Health Rankings
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2018 (lower is better)	142.3		160.7	175.8	Iowa Health Fact Book
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	135.9		162.3	175.9	Iowa Health Fact Book
	e Age-adjusted Chronic Obstructive Pulmonary Disease Mortality Rate per 100,000 population, 2011-2015 (lower is better)	38.7		47.3	52.9	Iowa Health Fact Book
	f Alcohol-impaired driving deaths, percent, 2013-2017	33.3%		26.8%	29.3%	County Health Rankings

Total IOWA by Selected Causes of Death - 2020 (per 10k)	Clayton Co.	Mix %	Trend	State of IA 2020	%
Total Deaths	249			35,659	100.0%
Cancer	52.0	20.9%		6,205	17.4%
Diseases of the Heart	56.0	22.5%		7,446	20.9%
Diabetes	10.0	4.0%		1,045	2.9%
Ischemic Heart Disease	34.0	13.7%		4,455	12.5%
Chronic Lower Respiratory Diseases	7.0	2.8%		1,682	4.7%
Unintentional Injuries (Accidents)	8.0	3.2%		1,618	4.5%
COVID-19	43.0	17.3%		557	1.6%
Alzheimer's Disease	18.0	7.2%		1,453	4.1%

Tab 10: Preventive Quality Measures Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab	Health Indicators	Clayton Co.	Trend	State of IA	Rural IA Co Norm N=16	Source
10	a Access to exercise opportunities, percent, 2019	73.9%		82.9%	70.0%	County Health Rankings
	b Diabetes prevalence, percent, 2017, adults aged 20+ with diagnosed diabetes	8.5%		9.9%	12.2%	County Health Rankings
	c Mammography screening, percent, 2018	51.0%		52.0%	48.3%	County Health Rankings

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Clayton Co. IA.

Chart #1 – Clayton County, IA Online Feedback Response (N=104)

Clayton Co IA - CHNA YR 2022			
For reporting purposes, are you involved in or are you a ...?	Clayton Co IA N=104	Trend	Wave 4 Norms N=5550
Business / Merchant	9.1%		8.7%
Community Board Member	10.1%		7.5%
Case Manager / Discharge Planner	3.0%		0.8%
Clergy	1.0%		1.2%
College / University	2.0%		2.5%
Consumer Advocate	2.0%		1.4%
Dentist / Eye Doctor / Chiropractor	0.0%		0.7%
Elected Official - City/County	1.0%		1.9%
EMS / Emergency	7.1%		2.1%
Farmer / Rancher	4.0%		5.9%
Hospital / Health Dept	12.1%		16.3%
Housing / Builder	0.0%		0.7%
Insurance	0.0%		1.0%
Labor	1.0%		2.0%
Law Enforcement	1.0%		1.1%
Mental Health	2.0%		1.6%
Other Health Professional	12.1%		9.8%
Parent / Caregiver	8.1%		14.0%
Pharmacy / Clinic	1.0%		1.9%
Media (Paper/TV/Radio)	1.0%		0.4%
Senior Care	2.0%		3.2%
Teacher / School Admin	6.1%		6.4%
Veteran	2.0%		2.8%
Other (please specify)	12.1%		7.1%
TOTAL	99		5,144

Chart #2 - Quality of Healthcare Delivery Community Rating

Clayton Co IA - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Clayton Co IA N=104	Trend	Wave 4 Norms N=5550
Top Box %	28.8%		28.9%
Top 2 Boxes %	76.9%		72.1%
Very Good	28.8%		28.9%
Good	48.1%		43.3%
Average	20.2%		22.3%
Poor	2.9%		4.4%
Very Poor	0.0%		1.1%
Valid N	104		5,518

Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Fumas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;

Chart #3 – Overall Community Health Quality Trend

Clayton Co IA - CHNA YR 2022			
When considering "overall community health quality", is it...	Clayton Co IA N=104	Trend	Wave 4 Norms N=5550
Increasing - moving up	46.1%		46.5%
Not really changing much	40.4%		44.3%
Decreasing - slipping	13.5%		9.2%
Valid N	89		4,962

Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Fumas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;

Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs

Clayton Co IA - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Mental Health (Diagnosis, Treatment, Aftercare, Physicians)	135	84.91%		1
2	Drug / Substance Abuse	126	79.25%		2
3	Poverty	103	64.78%		4
4	Obesity (Nutrition / Exercise)	93	58.49%		5
5	Doctors (PEDS, OBGYN, ORTHO)	83	52.20%		3
6	Chronic Diseases	51	32.08%		10
7	Vaccine Rates	51	32.08%		7
8	Parenting Education	48	30.19%		11
9	Family Planning / Sex Education	48	30.19%		8
10	Health Apathy - Owning Your Health	47	29.56%		9
11	Smoking	40	25.16%		16
12	Transportation	40	25.16%		12
13	Tobacco Use	38	23.90%		15
14	Awareness of Healthcare Services	36	22.64%		6
15	Suicide	32	20.13%		13
16	School Programming	23	14.47%		14
17	School Health / Nurses	20	12.58%		18
18	Water Quality	12	7.55%		17
Totals		1026			

Chart #5 - Community Health Needs Assessment “Causes of Poor Health”

Clayton Co IA - CHNA YR 2022			
In your opinion, what are the root causes of "poor health" in our community?	Clayton Co IA N=104	Trend	Wave 4 Norms N=5550
Lack of Health Insurance	9.1%		14.1%
Limited Access to Mental Health Assistance	23.9%		19.0%
Neglect	7.4%		11.5%
Lack of Health & Wellness Education	11.4%		13.7%
Chronic Disease Prevention	15.9%		11.1%
Family Assistance Programs	2.8%		6.0%
Lack of Nutrition / Exercise Services	5.7%		10.6%
Limited Access to Specialty Care	17.0%		8.2%
Limited Access to Primary Care	6.8%		5.8%
Total Votes	176		8,876
<small>Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;</small>			

Chart #6 – Community Rating of HC Delivery Services (Perceptions)

Clayton Co IA - CHNA YR 2022	Clayton Co IA N=104		Trend	Wave 4 Norms N=5550	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	95.3%	0.0%		80.5%	5.8%
Child Care	52.4%	15.9%		44.3%	15.8%
Chiropractors	75.0%	5.0%		70.5%	5.8%
Dentists	46.8%	35.5%		71.8%	10.1%
Emergency Room	78.1%	4.7%		74.2%	8.2%
Eye Doctor/Optomtrist	63.5%	11.1%		75.5%	7.1%
Family Planning Services	18.6%	39.0%		39.3%	18.3%
Home Health	30.2%	27.0%		54.5%	10.4%
Hospice	63.3%	10.0%		62.4%	9.1%
Telehealth	36.7%	20.0%		51.8%	11.0%
Inpatient Services	81.0%	4.8%		77.8%	5.7%
Mental Health	6.5%	53.2%		28.0%	35.4%
Nursing Home/Senior Living	55.6%	6.3%		57.6%	12.3%
Outpatient Services	79.7%	0.0%		75.9%	4.4%
Pharmacy	81.3%	1.6%		87.8%	2.3%
Primary Care	77.8%	3.2%		78.9%	5.4%
Public Health	44.4%	15.9%		62.6%	7.2%
School Health	70.5%	8.2%		64.1%	6.7%
Visiting Specialists	48.4%	21.0%		66.1%	9.1%
Walk- In Clinic	22.2%	49.2%		58.5%	17.1%

Chart #7 – Community Health Readiness

Clayton Co IA - CHNA YR 2022		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Clayton Co IA N=104	Trend	Wave 4 Norms N=5550
Behavioral / Mental Health	55.7%		34.5%
Emergency Preparedness	6.7%		9.0%
Food and Nutrition Services/Education	19.7%		15.8%
Health Screenings (as asthma, hearing, vision, scoliosis)	13.1%		11.1%
Prenatal/Child Health Programs	27.6%		12.2%
Substance Use/Prevention	35.1%		35.0%
Suicide Prevention	37.3%		37.3%
Violence Prevention	37.9%		34.9%
Women's Wellness Programs	25.9%		17.9%
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

Chart #8a – Healthcare Delivery “Outside our Community”

Clayton Co IA - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Clayton Co IA N=104	Trend	Wave 4 Norms N=5550
Yes	80.0%		72.6%
No	20.0%		27.4%
Valid N	60		3,439
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

Specialties:

Specialty	Counts
PRIM	7
ORTH	5
BH	4
DENT	4
SURG	4
OBG	3

Chart #8b – Healthcare Delivery “Outside our Community” (Continued)

Clayton Co IA - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Clayton Co IA N=104	Trend	Wave 4 Norms N=5550
Yes	47.5%		61.7%
No	52.5%		38.3%
Valid N	59		3265
Norms: KS Counties: Jackson, Marion, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt; Furnas Co (NE), Carroll Co (MO); Iowa Counties: Fremont, Page, Appanoose, Carroll, Jasper, Clayton;			

Chart #9 – What HC topics need to be discussed in future Town Hall Meeting

Clayton Co IA - CHNA YR 2022			
What needs to be discussed further at our CHNA Town Hall meeting?	Clayton Co IA N=104	Trend	Wave 4 Norms N=5550
Abuse/Violence	2.9%		4.3%
Alcohol	3.6%		4.0%
Alternative Medicine	3.2%		3.2%
Breast Feeding Friendly Workplace	0.7%		1.1%
Cancer	1.1%		2.3%
Care Coordination	6.5%		2.7%
Diabetes	2.9%		2.8%
Drugs/Substance Abuse	4.7%		6.7%
Family Planning	1.4%		2.1%
Heart Disease	0.7%		1.8%
Lack of Providers/Qualified Staff	6.5%		4.3%
Lead Exposure	0.4%		0.4%
Mental Illness	14.1%		9.2%
Neglect	0.4%		2.4%
Nutrition	2.9%		3.8%
Obesity	4.7%		5.8%
Occupational Medicine	1.1%		0.6%
Ozone (Air)	0.0%		0.5%
Physical Exercise	4.7%		4.0%
Poverty	2.5%		5.0%
Preventative Health / Wellness	6.9%		5.0%
Respiratory Disease	0.0%		0.1%
Sexually Transmitted Diseases	1.1%		1.4%
Smoke-Free Workplace	0.0%		0.0%
Suicide	3.2%		6.5%
Teen Pregnancy	0.4%		2.1%
Telehealth	4.7%		2.4%
Tobacco Use	1.8%		2.1%
Transporation	4.3%		2.9%
Vaccinations	6.5%		3.7%
Water Quality	0.4%		2.0%
Health Literacy	3.6%		3.2%
Other (please specify)	2.2%		1.6%
TOTAL Votes	277		15,890

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services in Clayton County, IA 2022

Cat	HC Services Offered in county: Yes / No	Hospitals	Health Dept.	Other
Clinic	Primary Care	YES		YES
Hosp	Alzheimer Center			
Hosp	Ambulatory Surgery Centers	YES		
Hosp	Arthritis Treatment Center			
Hosp	Bariatric/weight control services			
Hosp	Birthing/LDR/LDRP Room			
Hosp	Breast Cancer			
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	YES		
Hosp	Cardiac Surgery			
Hosp	Cardiology services			YES
Hosp	Case Management	YES		
Hosp	Chaplaincy/pastoral care services	YES		YES
Hosp	Chemotherapy			
Hosp	Colonoscopy	YES		
Hosp	Crisis Prevention			
Hosp	CTScanner	YES		
Hosp	Diagnostic Radioisotope Facility			
Hosp	Diagnostic/Invasive Catheterization			
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Enrollment Assistance Services	YES		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
Hosp	Fertility Clinic			
Hosp	FullField Digital Mammography (FFDM)	YES		
Hosp	Genetic Testing/Counseling			
Hosp	Geriatric Services	YES		YES
Hosp	Heart	YES		YES
Hosp	Hemodialysis			
Hosp	HIV/AIDS Services			
Hosp	Image-Guided Radiation Therapy (IGRT)			
Hosp	Inpatient Acute Care - Hospital services	YES		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161			
Hosp	Intensive Care Unit			
Hosp	Intermediate Care Unit			
Hosp	Interventional Cardiac Catheterization			
Hosp	Isolation room	YES		
Hosp	Kidney			
Hosp	Liver			
Hosp	Lung			
Hosp	Magnetic Resonance Imaging (MRI)	YES		YES
Hosp	Mammograms	YES		
Hosp	Mobile Health Services			YES
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	YES		
Hosp	Multislice Spiral Computed Tomography (<128+ slice CT)			
Hosp	Neonatal			
Hosp	Neurological services			
Hosp	Obstetrics			
Hosp	Occupational Health Services	YES		
Hosp	Oncology Services			
Hosp	Orthopedic services	YES		

Inventory of Health Services in Clayton County, IA 2022				
Cat	HC Services Offered in county: Yes / No	Hospitals	Health Dept.	Other
Hosp	Outpatient Surgery	YES		
Hosp	Pain Management	YES		
Hosp	Palliative Care Program			YES
Hosp	Pediatric			YES
Hosp	Physical Rehabilitation	YES		
Hosp	Positron Emission Tomography (PET)			
Hosp	Positron Emission Tomography/CT (PET/CT)			
Hosp	Psychiatric Services			YES
Hosp	Radiology, Diagnostic	YES		
Hosp	Radiology, Therapeutic			
Hosp	Reproductive Health			
Hosp	Robotic Surgery	YES		
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	YES		
Hosp	Social Work Services	YES		
Hosp	Sports Medicine	YES		YES
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	YES		
Hosp	Transplant Services			
Hosp	Trauma Center	YES		
Hosp	Ultrasound	YES		
Hosp	Women's Health Services			YES
Hosp	Wound Care	YES		YES
SR	Adult Day Care Program			
SR	Assisted Living			YES
SR	Home Health Services		YES	YES
SR	Hospice	YES		YES
SR	LongTerm Care			YES
SR	Nursing Home Services			YES
SR	Retirement Housing			
SR	Skilled Nursing Care	YES		YES
ER	Emergency Services	YES		
ER	Urgent Care Center	YES		
ER	Ambulance Services	YES		YES
SERV	Alcoholism-Drug Abuse			YES
SERV	Blood Donor Center			YES
SERV	Chiropractic Services			YES
SERV	Complementary Medicine Services		YES	
SERV	Dental Services		YES	YES
SERV	Fitness Center	YES		YES
SERV	Health Education Classes	YES		YES
SERV	Health Fair (Annual)	YES		YES
SERV	Health Information Center		YES	
SERV	Health Screenings	YES		
SERV	Meals on Wheels			YES
SERV	Nutrition Programs	YES	YES	
SERV	Patient Education Center			
SERV	Support Groups	YES		
SERV	Teen Outreach Services			
SERV	Tobacco Treatment/Cessation Program			YES
SERV	Transportation to Health Facilities			YES
SERV	Wellness Program			

Providers Delivering Care in Clayton County, IA 2022 (Elkader)

# of FTE Providers by Specialty	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs	PSA Based PA / NP
Primary Care:			
Family Practice	1.00		1.78
Internal Medicine / Geriatrician			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		0.05	
Dermatology			
Endocrinology			0.02
Gastroenterology			
Oncology/RADO			
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology			
Pain			
Surgery Specialists:			
General Surgery / Colon / Oral		0.20	
Neurosurgery			
Ophthalmology		0.10	
Orthopedics			
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology			
Hospital Based:			
Anesthesia/Pain			0.17
Emergency/Hospitalist	1.17	1.75	1.00
Radiology			
Pathology			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occ Medicine			
Podiatry		0.12	
Other:			
Chiropractor			
Optometrist OD			
Dentists			
TOTALS	2.17	2.22	2.97

Providers Delivering Care in Clayton County, IA 2022 (Guttenberg)			
# of FTE Providers by Specialty	FTE Physicians		FTE Allied Staff
	PSA Based DRs	Visting DRs	PSA Based PA / NP
Primary Care:			
Family Practice	4.50		4.00
Internal Medicine / Geriatrician			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		0.08	
Dermatology	0.05		
Endocrinology			
Gastroenterology			
Oncology/RADO			0.03
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology			
Podiatry		0.14	
Pain			0.10
Surgery Specialists:			
General Surgery / Colon / Oral	1.00		
Neurosurgery			
Ophthalmology		0.15	
Orthopedics		0.07	0.03
Otolaryngology (ENT)		0.03	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology			
Hospital Based:			
Anesthesia/Pain			2.00
Emergency			4.00
Radiology			
Pathology			
Hospitalist			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occupational Medicine			
Other:			
Chiropractor			
Optometrist OD			
Dentists			
TOTALS	5.55	0.47	10.16

* Total # of FTE Specialists serving community whose office is outside PSA.

Visiting Specialists Serving Clayton County, IA 2022

Specialty	Doctor (FN/LN)	Group Name	Office City	Phone	Clinics	*Visits Medical Assoc. Clinic	Days (Annual)
CARD	Dr. Rami Eltibi	Medical Associates Clinic, P.C.	Dubuque, IA	563-584-3452	1 x bi-monthly	*	6
CARD	Dr. Ramanujam Ramabadrán	Medical Associates Clinic, P.C.	Dubuque, IA	563-584-3425	1 x bi-monthly	*	6
ENDOCRIN	Amy Connolly, ARNP	Medical Associates Clinic, P.C.	Dubuque, IA	563-584-3310	Quarterly	*	4
OPHTH	Dr. Timothy Daley	Medical Associates Clinic, P.C.	Dubuque, IA	563-584-4415	Monthly		12
POD	Dr. Chelsie Snyder	Foot & Ankle Specialists of Iowa	Marion, IA	319-363-8854	1 x week		52
SURG	Dr. Daniel Mansfield	Self	Guttenberg, IA	563-252-5536	2 x month		24
SURG	Dr. Joseph Snyder	Medical Associates, P.C.	Dyersville	563-875-2776	monthly		12

Clayton County, Iowa 2022 Healthcare Area Service Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Clayton County Sheriff (563) 245 - 2422

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Elkader	563-245-3110	563-245-1212
Guttenberg	563-252-3333	563-252-1161
Garnavillo	563-880-4923	563-964-2373
Monona	563-539-4400	563-539-2344
McGregor/Marquette	563-873-2500	563-873-3464
Strawberry Point	563-933-2210	563-933-6540

Domestic/Sexual/Child/Dependent Abuse

Child/Dependent Adult Abuse
Iowa Department of Human Services
888-583-1039 or
800-362-2178

Family Resource Center for Safe
Families/Prevent Child Abuse
514 S. River Park Drive, PO Box 550
Guttenberg, IA 52052
563-252-3215

Family Violence Center
24-hour hotline
800-942-0333

National Child Abuse Hotline
24-hour hotline
800-422-4453

National Human Trafficking Hotline
888-3737-888

Prevent Child Abuse Iowa
1-800-CHILDREN

Riverview Center
1111 South Paine St.
Decorah, IA 52101
563-380-3332

Friends of the Family
PO Box 784
Waverly, IA 50677
1-800-410-7233

New Beginnings Domestic Violence Shelter
35 North Booth Street
Dubuque, IA 52001
563-556-3371

Waypoint
318 5th Street SE
Cedar Rapids IA 52401
1-800-208-0388

Helping Services for Youth and Families
Domestic Abuse Resource Center
PO Box 524
Postville, IA 52162

Alcohol/Drug Abuse

AA/Al-Anon / NA Support Group
563-245-1546

Alcohol/Suicide/Drug Hotline Referrals
800-662-HELP (4357)

Drug/Alcohol Treatment
800-252-6465

Northeast Iowa Behavioral Health
905 Montgomery St.
Decorah, IA 52101
36 5. Frederick Ave.
P.O. Box 113
Oelwein, IA 50662

SASC-Substance Abuse Services Center
799 Main Street Suite 110
Dubuque, IA 52001
563-582-3784
563-583-1216

Substance Abuse Services for Clayton County
Suite 7, 600 Gunder Rd
Elkader, IA 52043
563-245-1546

Problem Gambling Crisis Line
800-BETS-OFF

Quit Line
855-891-9989

Your Life Iowa
www.yourlifeiowa.org

SC Coalition
205B South Main Street
Elkader, IA 52043
claytoncountyccc@gmail.com

WISEWOMAN Program
Visiting Nurse Association
Smoking Cessation
563-556-6200
800-862-6133

Child Care

Berry Tender Child Care
401 Commercial St
Strawberry Point, IA 52076
563-933-2514

Dr. Clifford Smith Childcare
626 Main St PO Box 361
McGregor, IA 52157
563-873-2992

Elkader Childcare and Learning Center
117 Gunder Rd
Elkader, IA 52043

Kids Kampus Community Childcare
210 Main St., PO Box 368
Guttenberg, IA 52052
563-252-3934

Little Bulldog Childcare & Learning Center
700 South Page
Monona, IA 52159

NEICAC Guttenberg Head Start
131 South River Park Drive
Guttenberg, IA 52052
563-252-2419

NEICAC Monona Head Start
704 South Page St.
Monona, IA 52159
563-539-2008

Postville Child Care
210 Ogden Street
Postville, IA 52162
563-864-7075

1st Five
660 Iowa Street
Dubuque, Iowa 52001
563-556-6200

Family Resource Center
514 South River Park Drive
Guttenberg, IA 52052
563-252-3215

Clothing, Fuel, Housing

Clayton Co. General Assist & Veterans Affairs
Suite 6, 600 Gunder Rd NE
Elkader, IA 52043
563-245-1865

Fair Housing/Equal Opportunity
800-669-9777

Family Resource Center
222 South River Park Drive, PO Box 550
Guttenberg, IA 52052
563-252-3215

First Call REC
563-864-7611
888-788-1551

Imagine the Possibilities
420 S. Riverpark Drive
Guttenberg, Iowa 52052
563-252-3287

Helping Services for Youth & Families
Domestic Abuse Resource Center
PO Box 524
Postville, IA 52162
800-383-2988

Northeast Iowa Community Action Corp.
Clayton County Family Service Office
Suite 11, 600 Gunder Rd
Elkader, IA 52043
563-245-2452

Shepherd of the Hills
100 West Hill Street, PO Box 36 St.
Olaf, IA 52072
563-783-2409

Friends of the Family
PO Box 784
Waverly, IA 50677
1-800-410-7233

Upper Explorerland Regional Housing
134 West Greene St. PO Box 219
Postville, IA 52162

Clothing, Fuel, Housing Cont.

Black Hills Energy
515-281-9155

USDA Rural Development
1510 3rd Street SW
Waverly, IA 50677

Mary's Inn Maternity Home
P.O. Box 3338
Dubuque, IA 52004
marysinmaternityhome.org

Behavioral Health

Community Circle of Care
563-382-1277
308 College Drive
Suite1, Pyramid Plaza
Decorah, IA 52101

Crisis Hotline (Cedar Rapids)
800-332-4224

Gambler's Anonymous
800-BETS-OFF

Families First
911 S Mill St.
Decorah, IA 52101

Hillcrest Family Services Clinic
563-583-7357
2005 Asbury Rd.
Dubuque, IA 52001

Iowa Concerns Hotline
800-232-4636

National AIDS Hotline
1-800-HIV-0440

National Runaway Safe line
800-786-2929

NE Iowa Behavioral health
905 Montgomery St
Decorah, IA 52101
563-382-3649

Teen Line
800-443-8336
Mercy Medical Center
250 Mercy Dr
Dubuque, IA 52001
563-589-8000

Mental Health Institute
2277 Iowa Ave
Independence, IA 50644
319-334-2583

Youth Emergency Services
918 SE 11th St
Des Moines, IA 50309
515-282-9377

Regional Family Health
111 E. Mission St
Strawberry Point, IA 52076
563-933-6277

Diane Baumgartner
563-362-2379

I-START Program
641-525-0401

Dental Health

Donald G. Barron and John Barron
511 North Bluff Street, PO Box 584
Guttenberg, IA 52052
563-252-2150

Family Dentistry Ass.
Monona Jessica Wilke and Mark Fohey
101 Franklin St.
Monona, IA 52157
563-539-4651

Kevin Imoehl
106 East Mission
Strawberry Point, IA 52076
563-933-4200

Margret Kramer
402 South River Park Drive
Guttenberg, IA 52052
563-252-1932

Dental Health Cont.

Fred Cheung
1645 JFK Rd.
Dubuque, IA 52002
563-556-6383

James Walgren
1122 Rockdale Rd.
Dubuque, IA 52003
563-556-2650

Valerie Peckosh
3455 Stoneman Rd.
Dubuque, IA 52002
563-582-1478

James Arvidson
228 Main St
McGregor, IA 52157
563-873-3780

William Souto
1789 Elm St.
Dubuque, IA 52001

Crescent Community Health Care
563-690-2852

William Stoffel
2095 JFK Rd.
Dubuque, IA 52002
563-583-3521

Great River Oral Surgery
100 Bryant St.
Dubuque, IA 52003
563-557-1440

University of Iowa School of Dentistry
801 Newton Rd.
Iowa City, IA 52242
319-335-7447

Emergency Helplines

American Red Cross
2400 Asbury Rd
Dubuque, IA 52001
563-588-0587

Clayton County Emergency Mgmt.
600 Gunder Rd
563-245-3004

Clayton County Sheriff
22680 230th St
St. Olaf, IA 52072
563-245-2422

Elkader Police Dept.
207 S Main St
Elkader, IA 52043
563-245-3110

Strawberry Point Police Dept.
111 Commercial St
Strawberry Point, IA 52076
563-933-2210

Guttenberg Police Dept
502 S First St
Guttenberg, IA 52052
563-252-3333

Mar Mac Police Dept
319 Pleasant Drive
Marquette, IA 52158
563-873-2500

Monona Police Dept
104 E Center
Monona, IA 52159
563-539-4400

Guttenberg Municipal Hospital
200 Main St. PO Box 550
Guttenberg, IA 52052
563-252-1121

Poison Control
800-222-1222

Emergency Helplines Cont.

MercyOne Elkader Med. Center
901 Davidson St NW
Elkader, IA 52043
563-245-7000

Disaster Distress
1-800-985-5990

Iowa Concern Hotline
1-800-447-1985

Your Life Iowa
855-581-8111

Warm Line
844-775-9276

Food/Nutrition

Clayton County Dept. of Human Services
129A North Vine Street, PO Box 476
West Union, IA 52175
563-422-5634 or
800-632-0014

WIC- Clayton Co. Visiting Nurse Association
Suite 5, 600 Gunder Rd
Elkader, IA 52043

Supplemental Nutritional Foods
563-245-1145
563-880-0941
888-836-7867

Clayton County Food Shelf
100 W. Hill Street, PO Box 48
St. Olaf, IA 52072
563-783-7794

Northeast Iowa Area Agency on Aging
806 River St.
Decorah, IA 52101
563-382-2941

Family Resource Center
514 Riverpark Dr.
Guttenberg, IA 52052

Food Pantry
563-252-3215

Good Samaritan
400 Hardin Dr.
Postville, IA 52162

563-568-3447

St Mary's Catholic Church
314 West Mission St
Strawberry Point, IA 52076
563-933-6166

Mom's Meals
3210 SE Corporate Woods Dr.
Ankeny, IA 50021
877-508-6667

Guttenberg Senior Dining
502 S. First St. Guttenberg
563-245-1846

Monona Senior Dining
104 E. Centre St., Monona
563-539-4605

Strawberry Point Meals
(Cheryl Winter)
563-933-6826

Elkader Senior Dining Center
133 S. Main St.
Elkader, IA 52043

St. John's Mobile Food Pantry
203 Pearl Street
Guttenberg, IA 52052

Medical Health

American Cancer Society
2774 University Ave
Dubuque, IA 52001
5630583-8249

Arthritis Information
800-283-1414

Ask-A-Nurse
800-593-1414

Medical Health Cont.

MercyOne Elkader Med. Center
901 Davidson St NW
Elkader, IA 52043
563-245-7000

Clayton County Visiting Nurses
600 Gunder Rd
Elkader, IA 52043
563-245-1145

Cystic Fibrosis Foundation
800-344-4823

Regional Family Health
702 W Union St
Edgewood, IA 52042
563-928-7191

Cornerstone Family Practice
563-928-6435
563-964-2608
563-252-2141

Guttenberg Municipal Hospital
200 Main St PO Box 550
Guttenberg, IA 52052
563-252-1121

Regional Medical Center
709 W Main St
Manchester, IA 52057
563-382-3649

Dubuque Medical Center
250 Mercy Drive
Dubuque IA 52001
563-245-1846
1-855-944-3663

Crossing Rivers Health Hospice
37868 US Hwy 18
Prairie du Chien, WI 53821

Child Health Specialty Clinic
212 8th Avenue SE
Oelwein IA 50662

Special Needs

Child Health Specialty Clinic - CHSC
308 College Drive, Suite 1
Decorah, IA 52101
563-382-1277 or

877-571-9797

Targeted Case Management DHS
600 Gunder Road
Elkader, IA 52043
563-245-1333

Clayton County Disability Coordinator
600 Gunder Rd NE, Suite 6
Elkader, IA 52043
563-245-1865

G&G Living Center, Inc.
602 Kosciusko Street PO Box 967
Guttenberg, IA 52052
563-252-3811

Iowa COMPASS
Center for Disabilities & Development
100 Hawkins Drive #S295
Iowa City, IA 52242
800-779-2001

Iowa Department of the Blind
524 Fourth Street
Des Moines, IA 50309
515-281-1333 or
800-362-2587

Opportunities Home, Inc.
606 Iowa Avenue, PO Box 166
Decorah, IA 52101
563-382-8140

Pediatric Integrated Health Program
Child Health Specialty Clinics
212 8th Avenue SE Oelwein, IA 50662
319-283-4135
866-279-5023

The Iowa Association of Area Agencies on
Aging (i4a)
1111 9th Street
Des Moines Iowa 50314

Special Needs Cont.

Early Access
iafamilysupportnetwork@vnsia.org
www.iafamilysupportnetwork.org
1-888-IAKIDS1 (1-888-425-4371)

First Five Program
Dubuque Visiting Nurse Association –
660 Iowa St., Dubuque, IA 52001
563-556-6200

Relay Iowa
1305 E. Walnut Street
Des Moines, IA 50309
800-735-2943

RISE Ltd.
106 Rainbow Drive
Elkader, IA 52043
563-245-1868

Scenic Acres
23105 Granite Avenue
St. Olaf, IA 52072
563-245-2640

Unlimited Services, Inc.
1418 South Hwy 52
Guttenberg, IA 52052
563-252-1062

Vocational Rehabilitation
2600 Dodge St. Suite NW 2
Dubuque, IA 52001
563-588-4697

Keystone AEA
1400 2nd St. NW
Elkader, IA 52043
563-245-1480

Center for Disabilities & Development
200 Hawkins Dr.
Iowa City, Iowa 52242

University of Iowa
877-686-0031
319-353-6900

Disability Resource Library
200 Hawkins Dr.
Iowa City, Iowa 52242

LifeLong Links
808 River Street

Decorah, IA
866-468-7887

Quality Choices Inc.
112 W. Charles St. Oelwein, IA, 50662
319-283-1474

Transportation

Auto Safety Hotline
800-424-9393

Northeast Iowa Regional Transit System
305 Montgomery Street, PO Box 487
Decorah, IA 52101

NEICAC Transit
563-382-4259 or
866-382-4259

Medicaid Access to Care
866-572-7662

Iowa Total Care: Access to Care
833-404-1061

Amerigroup MCO (LogistiCare)
844-544-1389

Home Care Aide

Clayton County VNA
600 Gunder Rd, NE Suite 5
Elkader IA 52043
563-245-1145

Home Instead Senior Care
1213 12th Ave. Suite 105
Dyersville, IA 52040
563-875-6059

Palmer Home Health
955 N. Frederick Ave.
Oelwein, IA 50662
800-335-0711

Home Care Aide Cont.

Regional Medical Home Care
709 W. Main St.
Manchester, IA 52057
563-927-7303

ABCM Healthy Living Home Care
1315 Acre St.
Guttenberg, IA 52052
563-599-9956

Everlasting Home Care
PO Box 852
Guttenberg, IA 52052
563-928-6202

Circle of Life Mission – Strawberry Point
563-933-6235

Western Homes
319-239-5968

ABCM Healthy Living Home Care
1315 Acre St.
Guttenberg, IA 52052
563-599-9956

Homeward Bound
940 S Marquette Rd.
Prairie Du Chien, WI 53821
608-326-6883

Veterans Memorial Hospital Home Care
40 1st St. SE
Waukon, IA 52172
563-568-5660

Homecare Helping Hands
715 E. Charles St.
Oelwein, IA 50662
800-632-0056

Medical Alert/Equipment

Allamakee-Clayton REC
229 IA 51
Postville, IA 52162
563-864-7611

Alert 1
www.alert-1.com
866-646-2199

Phillips Lifeline
www.lifeline.phillips.com

800-242-1306

Crossing Rivers
37868 US 18
Prairie Du Chien, WI 53821
608-357-2000

Alpine Communications
923 Humphrey St.
Elkader, IA 52043
563-245-4000

Life Assist
www.life-assist.com
888-860-8098

Girling Home Health
1-877-354-3046

LifeAid
1-800-998-2400

ActivStyle
www.activstyle.com
800-651-6223

American Home Patient
909 S. Mechanic St.
Decorah, IA 52101
563-556-8118
1-800-234-1705

Cedar Valley Mobility
3804 Hammond Ave.
Waterloo, IA 50702
800-603-9857

Palmer Home Medical
955 N. Frederick Ave.
Oelwein, IA 50662
563-422-9714

Medical Alert/Equipment Cont.

Crossing Rivers Home Medical Equipment
37868 US 18
Prairie Du Chien, WI 53821
608-357-2263

Rotech
3250 JFK Cir. Suite 4
Dubuque, IA 52002
563-557-1004

Quality Medical Supply
807 US 52
Guttenberg, IA 52052
1-866-423-4592

MercyOne Home Care
250 Mercy Dr.
Dubuque, IA 52001
563-589-8899

Finley-Hartig Home Care
2282 University Ave.
Dubuque, IA 52001
563-588-8707

Veterans Affairs
600 Gunder Rd.
Elkader, IA 52043
800-637-0128

Quality Medical Services
563-252-3393

Respite Care

G&G Living Centers
602 Kosciusko St.
Guttenberg, IA 52052
563-252-3811

Garden View Assisted Living
800 Darby Dr.
Monona, IA 52159
563-539-4528

Great River Care Center
1400 W. Main St.
McGregor, IA 52157
563-873-3527

Palmer Home Health
955 N. Frederick Ave.
Oelwein, IA 50662
800-335-0711

Regional Medical Home Care

709 W. Main St.
Manchester, IA 52057
563-927-7303

ABCM – Healthy Living Home Care
1315 Acre St.
Guttenberg, IA 52052
563-845-8200

Skilled Nursing Visits

UnityPoint at Home- Elkader
600 Gunder Rd.
Elkader, IA 52043
563-245-2064

Palmer Home Health
955 N. Frederick Ave.
Oelwein, IA 50662
800-335-0711

Regional Medical Home Care
709 W. Main St.
Manchester, IA 52057
563-927-7303

Residential Services

Lincolnwood Assisted Living
W. Lincoln St.
Edgewood, IA 52042
563-928-7173

River Living Center
831 US 52
Guttenberg, IA 52052
563-252-3070

Scenic Acres
23105 Granite Ave.
St. Olaf, IA 52072
563-245-2640

Residential Services Cont.

Tower Living Center
103 E. Centre St.
Garnavillo, IA 52049
563-964-9090

Garden View Senior Community
800 Darby Dr.
Monona, IA 52159
563-539-4528

Lutheran Home
313 Elkader St.
Strawberry Point, IA 52076
563-933-6037

Kingston Court Assisted Living
118 Reimer St. SW
Elkader, IA 52043
563-245-1620

Turner Pointe Assisted Living
1203 Buell Ave.
McGregor, IA 52157
563-873-3527

Edgewood Convalescent Home
513 S. Bell St.
Edgewood, IA 52042
563-928-6461

Great River Care Center
1400 W. Main St.
McGregor, IA 52157
563-873-3527

Elkader Care Center
116 Riemer St. SW
Elkader, IA 52043
563-245-1620

Guttenberg Care Center
1315 Acre St.
563-252-2281

Prairie Maison
700 S. Fremont St.
Prairie Du Chien, WI 53821
608-326-8471

Eagle Ridge Assisted Living
1315 Acre St.
Guttenberg, IA 52052
563-252-2288

St. Croix Hospice

101 Elkader Street
Strawberry Point Iowa 52076
1.844.810.9521
563-933-2070

Iowa Family Caregiver
5835 Grand Ave Suite 106
Des Moines IA 50312
866-468-7887

Additional Resources

Clayton Co. Community Action
563-245-2452

Clayton Co. Food Shelf
563-783-7794

Dept. of Human Services
800-632-0014

Family Resource Center
800-252-3215

General Relief
563-245-1865

SHIP
563-252-3215

Social Security (Decorah)
563-382-2924

Social Security (Dubuque)
877-405-3650

Veteran Admin.
800-637-0128

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Destination Summary Report by County/State For January - December 2018

Clayton														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	3	0.20 %	0	3	0	0	0	26	0.35 %	0	26	0	0	0
Anamosa, Jones Regional	1	0.07 %	0	0	0	1	0	29	0.39 %	0	0	0	29	0
Carroll, St. Anthony Reg	2	0.13 %	0	1	1	0	0	15	0.20 %	0	13	2	0	0
Cedar Falls, Sartori Mem	3	0.20 %	0	1	1	1	0	8	0.11 %	0	1	4	3	0
Cedar Rapids, Mercy	38	2.52 %	0	3	7	17	11	137	1.83 %	0	7	23	65	42
Cedar Rapids, St Luke's	103	6.82 %	8	14	28	24	29	541	7.22 %	24	37	182	99	199
Clinton, Mercy Medical	2	0.13 %	0	2	0	0	0	3	0.04 %	0	3	0	0	0
Council Bluffs, CHI Hlth	3	0.20 %	2	1	0	0	0	17	0.23 %	12	5	0	0	0
Council Bluffs, Jennie Ed	1	0.07 %	0	1	0	0	0	5	0.07 %	0	5	0	0	0
Davenport, Genesis	4	0.26 %	1	2	0	0	1	20	0.27 %	4	5	0	0	11
Decorah, Winneshiek	15	0.99 %	6	5	2	0	2	55	0.73 %	11	11	5	0	28
Des Moines, IMMC	4	0.26 %	0	0	0	2	2	38	0.51 %	0	0	0	10	28
Des Moines, Mercy Med	2	0.13 %	0	1	0	0	1	18	0.24 %	0	11	0	0	7
Dubuque, Finley	108	7.15 %	5	27	33	22	21	500	6.68 %	28	120	90	117	145
Dubuque, Mercy Medical	302	20.00 %	29	53	66	54	100	1398	18.67 %	63	186	444	211	494
Dyersville, Mercy Medical	1	0.07 %	0	0	1	0	0	19	0.25 %	0	0	19	0	0
Elkader, Central Comm	114	7.55 %	0	2	9	25	78	689	9.20 %	0	34	24	109	522
Fort Dodge, Trinity	1	0.07 %	0	0	0	1	0	2	0.03 %	0	0	0	2	0
Guttenberg, Gutt Mun Hosp	259	17.15 %	5	15	27	53	159	1152	15.38 %	9	80	90	227	746
Iowa City, Mercy	2	0.13 %	0	0	1	1	0	6	0.08 %	0	0	3	3	0
Iowa City, U of I Hosp	217	14.37 %	31	33	62	53	38	1661	22.18 %	333	179	573	329	247
Manchester, Reg. Med. Cnt	173	11.46 %	49	43	19	14	48	557	7.44 %	102	117	69	68	201
Mason City, Mercy Medical	5	0.33 %	1	2	0	1	1	18	0.24 %	5	9	0	2	2

Inpatient Destination Summary Report by County/State For January - December 2018

Clayton														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
New Hampton,	2	0.13 %	1	1	0	0	0	6	0.08 %	3	3	0	0	0
Oelwein, Mercy Hosp	1	0.07 %	0	0	0	1	0	1	0.01 %	0	0	0	1	0
Spencer, Spencer	3	0.20 %	0	1	2	0	0	9	0.12 %	0	2	7	0	0
Spirit Lake, Lakes Reg	1	0.07 %	0	0	0	0	1	1	0.01 %	0	0	0	0	1
Sumner, Comm	1	0.07 %	0	0	0	1	0	2	0.03 %	0	0	0	2	0
Waterloo, Allen Hosp	15	0.99 %	2	5	1	1	6	46	0.61 %	5	15	7	1	18
Waterloo, Covenant	46	3.05 %	6	23	9	2	6	246	3.28 %	11	135	54	20	26
Waukon, Veterans Mem	61	4.04 %	15	17	4	11	14	200	2.67 %	26	33	19	63	59
West Burlington, Grt Rrv	1	0.07 %	0	1	0	0	0	2	0.03 %	0	2	0	0	0
West Des Moines, Meth	1	0.07 %	0	0	0	0	1	3	0.04 %	0	0	0	0	3
West Union, Palmer Luth	15	0.99 %	4	3	1	0	7	59	0.79 %	10	8	2	0	39
TOTAL	1510	100.00 %	165	260	274	285	526	7489	100.00 %	646	1047	1617	1361	2818

Inpatient Destination Summary Report by County/State For January - December 2019

<i>Inpatient Destination Summary Report by</i>														
Clayton														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Ames, Mary Greeley	1	0.06 %	0	1	0	0	0	1	0.01 %	0	1	0	0	0
Anamosa, Jones Regional	1	0.06 %	0	0	0	1	0	3	0.04 %	0	0	0	3	0
Carroll, St. Anthony Reg	3	0.19 %	0	2	0	1	0	12	0.16 %	0	9	0	3	0
Cedar Falls, Sartori Mem	4	0.26 %	0	1	3	0	0	11	0.14 %	0	1	10	0	0
Cedar Rapids, Mercy	30	1.94 %	1	3	10	7	9	83	1.07 %	5	5	28	17	28
Cedar Rapids, St Luke's	104	6.74 %	16	14	19	22	33	515	6.66 %	134	74	80	94	133
Clinton, Mercy Medical	1	0.06 %	0	0	1	0	0	2	0.03 %	0	0	2	0	0
Council Bluffs, CHI Hlth	2	0.13 %	1	1	0	0	0	10	0.13 %	5	5	0	0	0
Council Bluffs, Jennie Ed	4	0.26 %	0	4	0	0	0	20	0.26 %	0	20	0	0	0
Cresco, Reg. Howard Co	1	0.06 %	0	0	0	1	0	9	0.12 %	0	0	0	9	0
Davenport, Genesis	9	0.58 %	0	2	2	0	5	44	0.57 %	0	16	5	0	23
Decorah, Winneshiek	30	1.94 %	11	11	1	2	5	81	1.05 %	23	26	6	7	19
Des Moines, IA. Lutheran	1	0.06 %	0	0	0	1	0	1	0.01 %	0	0	0	1	0
Des Moines, Mercy Med	1	0.06 %	0	0	0	0	1	1	0.01 %	0	0	0	0	1
Dubuque, Finley	135	8.75 %	11	29	29	33	33	624	8.07 %	22	116	150	154	182
Dubuque, Mercy Medical	276	17.89 %	28	35	52	69	92	1240	16.05 %	71	105	225	343	496
Dyersville, Mercy Medical	1	0.06 %	0	0	0	1	0	21	0.27 %	0	0	0	21	0
Elkader, Central Comm	160	10.37 %	1	1	15	27	116	1137	14.71 %	1	4	54	160	918
Guttenberg, Gutt Mun Hosp	205	13.29 %	1	4	19	49	132	1255	16.24 %	6	12	96	394	747
Iowa City, Mercy	7	0.45 %	0	2	0	2	3	21	0.27 %	0	4	0	3	14
Iowa City, U of I Hosp	238	15.42 %	50	36	56	55	41	1399	18.10 %	360	241	217	348	233
Manchester, Reg. Med. Cnt	198	12.83 %	56	47	26	30	39	661	8.55 %	133	119	123	130	156
Mason City, Mercy Medical	2	0.13 %	0	2	0	0	0	11	0.14 %	0	11	0	0	0

Inpatient Destination Summary Report by County/State For January - December 2019

<i>Inpatient Destination Summary Report</i>															
Clayton															
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days					
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+	
New Hampton,	2	0.13 %	1				0	0	4	0.05 %	2	2	0	0	0
Oelwein, Mercy Hosp	2	0.13 %	0	1	1		0	0	6	0.08 %	0	3	3	0	0
Sioux City, Mercy Med	1	0.06 %	0	1	0		0	0	4	0.05 %	0	4	0	0	0
Sioux City, St Luke's	2	0.13 %	0	1	1		0	0	5	0.06 %	0	2	3	0	0
Spencer, Spencer Hospital	1	0.06 %	0	1	0		0	0	4	0.05 %	0	4	0	0	0
Sumner, Comm Mem	1	0.06 %	0	0	0		1	0	3	0.04 %	0	0	0	3	0
Waterloo, Allen Hosp	13	0.84 %	1	2	5		2	3	34	0.44 %	1	6	7	11	9
Waterloo, Covenant	46	2.98 %	6	21	13		0	6	239	3.09 %	13	124	85	0	17
Waukon, Veterans Mem	50	3.24 %	14	16	2		3	15	198	2.56 %	26	46	4	9	113
Wavery, Waverly Hth Cntr	1	0.06 %	0	0	1		0	0	1	0.01 %	0	0	1	0	0
West Des Moines, Meth W	1	0.06 %	0	0	1		0	0	2	0.03 %	0	0	2	0	0
West Union, Palmer Luth	9	0.58 %	2	3	1		1	2	66	0.85 %	5	8	2	5	46
TOTAL	1543	100.00 %	200	242	258		308	535	7728	100.00 %	807	968	1103	1715	3135

Inpatient Destination Summary Report by County/State For January - December 2020

Clayton														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Carroll, St. Anthony Reg	1	0.07 %	0	0	0	1	0	10	0.13 %	0	0	0	10	0
Cedar Falls, Sartori Mem	2	0.13 %	0	0	0	1	1	18	0.23 %	0	0	0	14	4
Cedar Rapids, Mercy	47	3.08 %	3	3	17	10	14	295	3.85 %	8	8	75	55	149
Cedar Rapids, St Luke's	96	6.30 %	14	9	20	11	42	470	6.13 %	47	26	106	66	225
Clinton, Mercy Medical	1	0.07 %	0	1	0	0	0	1	0.01 %	0	1	0	0	0
Council Bluffs, Jennie Ed	4	0.26 %	0	3	1	0	0	17	0.22 %	0	12	5	0	0
Davenport, Genesis	3	0.20 %	0	1	0	1	1	5	0.07 %	0	3	0	1	1
Decorah, Winneshiek	28	1.84 %	10	11	2	2	3	81	1.06 %	19	24	6	21	11
Des Moines, Broadlawn	2	0.13 %	0	0	0	2	0	7	0.09 %	0	0	0	7	0
Des Moines, IA. Lutheran	1	0.07 %	1	0	0	0	0	4	0.05 %	4	0	0	0	0
Des Moines, Mercy Med	1	0.07 %	0	0	0	0	1	6	0.08 %	0	0	0	0	6
Dubuque, Finley	111	7.28 %	7	15	32	24	33	543	7.08 %	17	51	187	144	144
Dubuque, Mercy Medical	248	16.26 %	33	47	43	56	69	1088	14.19 %	85	120	251	302	330
Dyersville, Mercy Medical	5	0.33 %	0	0	0	0	5	35	0.46 %	0	0	0	0	35
Elkader, Central Comm	169	11.08 %	0	3	18	37	111	1049	13.68 %	0	8	109	263	669
Guttenberg, Gutt Mun Hosp	253	16.59 %	0	7	49	45	152	1235	16.11 %	0	16	224	225	770
Iowa City, Mercy	2	0.13 %	0	2	0	0	0	8	0.10 %	0	8	0	0	0
Iowa City, U of I Hosp	193	12.66 %	32	27	42	54	38	1344	17.53 %	243	145	299	422	235
Manchester, Reg. Med. Cnt	211	13.84 %	61	64	20	22	44	665	8.67 %	115	148	84	130	188
Mason City, Mercy Medical	2	0.13 %	1	1	0	0	0	15	0.20 %	3	12	0	0	0
Oelwein, Mercy Hosp	2	0.13 %	0	0	0	0	2	22	0.29 %	0	0	0	0	22
Ottumwa, Ottumwa Reg	1	0.07 %	0	1	0	0	0	14	0.18 %	0	14	0	0	0
Sioux City, St Luke's	1	0.07 %	0	0	1	0	0	6	0.08 %	0	0	6	0	0

Inpatient Destination Summary Report by County/State For January - December 2020

Clayton														
	Discharges	% of Discharges	Discharges					Inpatient Days	% of Inpatient Days	Inpatient Days				
			<18	18-44	45-64	65-74	75+			<18	18-44	45-64	65-74	75+
Spencer, Spencer Hospital	4	0.26 %	0	2	2	0	0	62	0.81 %	0	19	43	0	0
Waterloo, Allen Hosp	22	1.44 %	2	7	2	6	5	157	2.05 %	3	62	14	29	49
Waterloo, Covenant	47	3.08 %	2	31	13	0	1	250	3.26 %	4	147	97	0	2
Waukon, Veterans Mem	59	3.87 %	10	15	9	6	19	229	2.99 %	16	37	32	29	115
West Des Moines, Meth W	2	0.13 %	0	0	1	1	0	3	0.04 %	0	0	2	1	0
West Union, Palmer Luth	7	0.46 %	2	2	1	0	2	29	0.38 %	4	4	3	0	18
TOTAL	1525	100.00 %	178	252	273	279	543	7668	100.00 %	568	865	1543	1719	2973

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Clayton County, IA 2022 CHNA Town Hall Attendees (Elkader) (N=21)

#	Brkout	Attend	Lead	Last	First	Organization	Title
1	A	X	##	Pope	Katie	MercyOne Elkader Medical Center	Ed & Strategic Initiative Manager
2	A	X		Bockenstedt	Lynn	Guttenberg Municipal Hospital & Clinics	Social worker
3	A	X		Gibney	Ann	Elkader Area Chamber of Commerce	Chamber Coordinator
4	A	X		Hubanks	Brittany	Visiting Nurse Association	Manager
5	A	X		Moser	Sarah	Emergency Management	Coordinator
6	A	X		Reinhart	Aaron	Central CSD	Principal
7	A	X		Smith	Keri	MercyOne Elkader	CNO
8	B	X	##	Shea	Natalie	MercyOne Elkader Medical Center	Emergency Room Manager
9	B	X		Ahlers	Tim	Guttenberg Municipal Hospital & Clinics	CEO
10	B	X		Dahlstrom	Casey	MercyOne Elkader Medical Center	Clinical Nurse Manager
11	B	X		Harbaugh	Kari	Guttenberg Municipal Hospital & Clinics	Family Resource Center Coor
12	B	X		McCorkindale	Ann	Central Community Hospital Foundation	Treasurer
13	C	X	##	Schaufenbuel	Anna	Clayton County VNA/Public Health	RN
14	C	X		Beaman	Sarah	NICC	College & Career Coach
15	C	X		Cowsert	Jennifer	City of Elkader	City Administrator/Clerk
16	C	X		French	Merry	Substance Abuse Services for Clayton Co	Program Director
17	C	X		Gibney	Dave	CCH Foundation	
18	C	X		Kensinger	Brooke	MercyOne Elkader	CEO
19	C	X		Timmerman	Olivia	MercyOne Elkader Medical Center	RN Patient Navigator
20	C	X		Willis	Patenaude	Times-Register Newspaper	Reporter
21	C	X		Woodcock	Charlie	Northeast Iowa Behavioral Health, Inc.	Executive Director

Clayton County Virtual Town Hall Event Notes

Attendance: N=21

Date: 3/31/2022 – Time: 11:30 a.m. to 1:00 p.m.

Needs

- Mental/Behavioral Health
- Drug/Substance Abuse
- Hospice
- Youth / Parent Education
- Telehealth Education
- Home Health / Skilled Care
- Dental Providers (Medicaid)
- Women's Health / OB Care
- Child Care (Providers)
- EMS Staffing Shortage
- Transportation
- Access to Specialists (POD / PEDS)
- Preventative Health / Wellness
- Obesity (Nutrition / Exercise)
- Awareness of Healthcare Services
- Recruitment of Providers
- Clinic Hours of Operation
- Poverty
- Family Planning
- Teen Suicide

Strengths

- Hospital Services
- Community Collaboration & Communication
- Access to Primary Care
- Critical Access Hospital (Local)
- Access to "In-person" Healthcare
- Low Stress Environment
- Family Resource Center
- Increased Access to Specialists
- ITP (Iowa Tele psych)
- Clinic Health Coaches
- ER Access
- School Systems
- Hospital Leadership
- EMS
- Mental Health Case Management
- Public Health
- Law Enforcement
- Emergency Preparedness

EMAIL #1 Request Message

From: Brooke Kensinger

Date: 1/15/2022

To: Community Leaders, Providers and Hospital Board and Colleagues

Subject: Clayton County Community Health Needs Assessment 2022

MercyOne Elkader Medical Center is partnering with other community health providers to update the Clayton County Community Health Needs Assessment. Therefore, MercyOne Elkader Medical Center is seeking input from the community regarding healthcare needs in order to complete the 2022 CHNA assessment update.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. The goal of this assessment is to understand progress in addressing community health needs cited in past reports while collecting up-to-date community health perceptions and ideas.

To gather community feedback, a short and confidential online survey has been developed. Please utilize the link below to complete this request.

LINK: https://www.surveymonkey.com/r/CHNA2022_MercyOneElkaderIA

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Thursday, March 3rd**. In addition, please **HOLD the date** for the Town Hall meeting scheduled for **Thursday, March 31st**. Please stay on the lookout for more information to come soon regarding the RSVP and Town Hall location (TBD: locally or via ZOOM).

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (563) 245-7038.

Clayton County begins 2022 Community Health Needs Assessment

Elkader Iowa, January 20, 2022 – Over the next few months, **MercyOne Elkader Medical Center** will be working with area providers to complete the 2022 Clayton County Community Health Needs Assessment (CHNA). These providers are seeking input from the community regarding health care needs in order to complete this update.

VVV Consultants LLC, an independent research firm from Olathe KS, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in past assessment reports while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to gather feedback and accomplish this work. To complete this online survey for the 2022 CHNA, you may obtain the link from our Facebook page, web site or utilize the URL link below.

URL: https://www.surveymonkey.com/r/CHNA2022_MercyOneElkaderIA

All county residents and business leaders are encouraged to complete the 2022 CHNA online survey by **Thursday, March 3rd**. In addition, please **HOLD the date** for a town hall meeting scheduled on **Thursday March 31st**. Please stay on the lookout for more information to come soon regarding the RSVP and location. Thanks for your time and support.

If you have any questions regarding CHNA activities, please call (563) 245-7038

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About Mercy Medical Center – Des Moines

Mercy operates four not-for-profit, Catholic hospital campuses, with a total of 875 beds, along with more than 20 additional facilities that house more than 50 primary care, pediatric, internal medicine and specialty clinics. Founded by the Sisters of Mercy in 1893, Mercy Medical Center – Des Moines is the longest continually operating hospital in Des Moines and is also one of the largest employers in the state – with more than 7,000 employees and a medical staff of more than 1,000 physicians and allied health associates. Mercy Medical Center–Des Moines is a member of Mercy Health Network and is a part of Catholic Health Initiatives (CHI), a national nonprofit health organization with headquarters in Englewood, Colo. The faith-based system operates in 18 states and includes 101 hospitals and multiple other facilities and services.

EMAIL #2 Request Message (Cut & Paste)

From: Brooke Kesinger

Date: 03/01/2022

To: Community Leaders, Providers and Hospital Board and Staff

Subject: Clayton County Community Health Needs Assessment Town Hall Event

MercyOne Elkader Medical Center is hosting a scheduled virtual Town Hall Meeting for the 2022 Community Health Needs Assessment (CHNA) for Clayton County, IA. The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs. This event will be held on **Thursday, March 31st**, from **5:30 p.m. – 7:00 p.m. via Zoom.**

All business leaders and residents are encouraged to join us for this important meeting. In order to adequately prepared for this virtual meeting, it is imperative that those attending RSVP. We hope you find the time to attend this important event by following the link below to complete your RSVP for March 31st. Note> Those who RSVP, will receive additional information a few days prior to the event along with the zoom link to attend the event.

LINK: https://www.surveymonkey.com/r/CHNA2022_ClaytonCoIA_ElkaderRSVP

Thanks in advance for your time and support

If you have any questions regarding CHNA activities, please call (563) 245-7038

Elkader Medical Center Hosts Virtual Town Hall Event for Clayton County, IA

Media Post: 3/01/2022

MercyOne Elkader Medical Center will be hosting a virtual Town Hall Meeting for the 2022 Community Health Needs Assessment (CHNA) on **Thursday, March 31st from 5:30 p.m. – 7:00 p.m. via Zoom.**

It is imperative that community members RSVP if they desire to attend the 2022 CHNA Town Hall event on **3/31/22** to properly prepare for this important meeting. This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. We hope you find the time to join us for this discussion!

If you are interested in attending, please visit MercyOne Elkader Medical Center website or Facebook to obtain the link to complete your RSVP. *NOTE:* Those who RSVP, additional information will be emailed to you a few days prior to event.

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (563) 245-7038

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2022 Community Feedback: Clayton Co IA (N=104)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1061	52043	Very Good	Increasing - moving up	AGE			Aging population
1024	52141	Good	Increasing - moving up	CHRON	EDU	PREV	Chronic disease management is key - we see people with DM, Asthma/COPD, HTN, dementia - they and their families need education on what is involved for better outcomes with their disease
1059	52049	Very Good	Increasing - moving up	EDU			Uneducated residents
1068	52043	Very Good	Increasing - moving up	OWN	VACC		people not taking care of themselves, not taking personal responsibility; not getting vaccinated!
1020	52172	Good	Increasing - moving up	OWN			people choosing not to see their doctor when they should
1007	52043	Good	Not really changing much	OWN			Health care apathy
1089	52159	Good	Not really changing much	POV			Poverty
1056	52076	Average	Decreasing - slipping downward	SS			Welfare program that promotes poor health

CHNA 2022 Community Feedback: Clayton Co IA (N=104)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1079	52043	Very Good	Increasing - moving up	ALL			Could always need more
1067	52072	Good	Not really changing much	BH	CLIN	OP	Psychiatric care and interventions are needed in the clinics and outpatient settings.
1030	52163	Average	Increasing - moving up	BH			Behavioral Health Services.
1097	52043	Very Good	Increasing - moving up	CLIN	ACC	SCH	I don't think you can just walk-in anywhere to be treated unless you go to the emergency room at the local hospital. I have been fortunate that when I have had to make an appointment with the local clinic, I could get in within a day or two. My wife has had to schedule sometime up to 1 week out. Once again, no dentist in town.
1094	52043	Good	Decreasing - slipping downward	CLIN	DOCS		The clinic could use another doctor.
1068	52043	Very Good	Increasing - moving up	CLIN	DOCS		we need another doctor in the clinic. NPs and PAs can't do it all.
1023	52043	Average	Increasing - moving up	CLIN	HRS		Urgent care/after hours care other than the ER.
1063	52047	Good	Not really changing much	CLIN	HRS		It would be nice to have an after hours/weekend urgent care option.
1102	52043	Good	Not really changing much	CLIN	SCH	ACC	We need walk-in clinic availability.
1057	048/520	Good	Decreasing - slipping downward	CLIN	STFF	HRS	Limited staff and urgent care hours.
1024	52141	Good	Increasing - moving up	CLIN			urgent care/walk in care
1037	52043	Good	Increasing - moving up	DENT	OPHT	INSU	There is no dentist and the eye doctor doesn't cover popular insurances
1097	52043	Very Good	Increasing - moving up	DENT			I don't think you can just walk-in anywhere to be treated unless you go to the emergency room at the local hospital. I have been fortunate that when I have had to make an appointment with the local clinic, I could get in within a day or two. My wife has had to schedule sometime up to 1 week out. Once again, no dentist in town.
1040	52043	Very Good	Increasing - moving up	DOCS	INSU		More providers need to accept Medicaid and MCOs as well as Wellmark.
1045	52043	Good	Increasing - moving up	DOCS	REF	OUT	The providers we have are good and appreciated; but if the problem is serious, we often need to transfer to a larger hospital.
1051	52043	Very Good	Increasing - moving up	DOCS	STFF		More doctors/health professionals needed.
1026	52043	Very Good	Increasing - moving up	DOCS			No Medical Associates needs more providers
1015	52049	Good	Not really changing much	DOCS			Need more drs
1003	52048	Average	Not really changing much	DOCS			Physicians are needed not NPs
1046	52077	Poor	Not really changing much	EMER	DOCS		Lack of providers in ED services.
1085	52043	Average	Decreasing - slipping downward	FP			Need one more family practice doctor
1044	52043	Good	Not really changing much	HH	HRS		Need more home healthcare available 24/7.
1087	52052	Good	Not really changing much	HOSP	STFF		Hospitals are clearly short staffed, from housekeeping to nurses.
1028	52076	Poor	Not really changing much	PREV	EDU		Community health initiatives need to be pursued, rather than waiting until people are sick, encourage healthy living
1013	52043	Good	Increasing - moving up	PRIM	HOSP		primary care, hospitalist
1047	50605	Good	Not really changing much	PRIM	SCH	CLIN	Sometimes it is hard to access PCP appointments, full schedules, no urgent care. Weekends equal emergency room visits if sick enough and you don't want to travel outside of community to find urgent care.
1001	53804	Good	Increasing - moving up	PRIM	STFF	AMB	Need more primary care providers in our area. Also more full time staff to properly staff ambulances
1089	52159	Good	Not really changing much	SCH			On off in out depends on the day

CHNA 2022 Community Feedback: Clayton Co IA (N=104)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1003	52048	Average	Not really changing much	ACC	BH	CLIN	Easy access to mental health care and urgent care options
1104	52076	Good	Increasing - moving up	AWARE	BH	ADOL	More awareness and help for mental illness. Since covid there has been an increase in not only in adults but children as well.
1094	52043	Good	Decreasing - slipping downward	AWARE	EDU	SS	Somehow just more awareness of programs that are already here; social service or someone to help elderly navigate the system
1013	52043	Good	Increasing - moving up	BH	DRUG		mental health, substance abuse
1038	52043	Very Good	Not really changing much	BH	DRUG	SMOK	Mental health and substance abuse programs, smoking cessation classes.
1086	52076	Good	Increasing - moving up	BH			Assistance for Mental Health
1079	52043	Very Good	Increasing - moving up	BH			Mental Health
1047	50605	Good	Not really changing much	CLIN	HH	EDU	Urgent Care - Home Health Agency - Interactive Health/Wellness community events
1034	52043	Good	Not really changing much	CLIN	PREV		Urgent Care Services. This would prevent our community from going to a near by town that has the services that they are wanting.
1023	52043	Average	Increasing - moving up	CLIN	SPEC	BH	Urgent Care. More specialist at Elkader Clinic/Hospital. Mental Health providers in Elkader.
1020	52172	Good	Increasing - moving up	CLIN			urgent care
1082	52043	Very Good	Increasing - moving up	CLIN			Urgent care
1071	52159	Very Good	Increasing - moving up	CLIN			Walk in clinic or urgent care
1043	52159	Very Good	Increasing - moving up	CLIN			Walk-in Urgent Care
1102	52043	Good	Not really changing much	CLIN			Walk-in clinic
1021		Very Good	Not really changing much	COVID	AWARE		COVID Awareness.
1097	52043	Very Good	Increasing - moving up	DENT	BH		Our community needs a dentist. Increase the number of mental health professionals.
1091	52043	Very Good	Not really changing much	DENT			Need new dental practice locally after the passing of Dr. Stender
1061	52043	Very Good	Increasing - moving up	DOH	BH	SPRT	More public health and mental awareness programs and support groups
1046	52077	Poor	Not really changing much	DOH	HRS	SCH	Public health expanded hours and availability
1067	52072	Good	Not really changing much	DRUG	SPRT	BH	Substance abuse support groups and specialized counseling.
1068	52043	Very Good	Increasing - moving up	EDU	DERM	CLIN	skin screenings, wellness blood work clinics (used to be in February)
1084	52043	Good		EDU	NUTR	FIT	Years ago the hospital use to offer weekly sessions on nutrition, fitness etc There was a large turnout and it was a great community builder.
1087	52052	Good	Not really changing much	EMS	STFF		More paid EMS services. The services that aren't affiliated with the hospitals have a hard time getting volunteers. It is only a matter of time when someone we care about can't get the emergency care they need due to no EMS staff available to respond.
1052	52052	Good	Increasing - moving up	FEM			Women's health programs
1045	52043	Good	Increasing - moving up	FIT	ACC	AGE	Would love to see more exercise programs at affordable prices. Really need good options for senior in-home care.
1072	52159	Average	Not really changing much	FUND	AGE	ASLV	Possibly grants or "scholarships" to assist seniors with paying for assisted living or nursing home care.
1024	52141	Good	Increasing - moving up	HH	AGE	CHRON	Home health based out of Mercy One Elkader. A robust senior services action committee Chronic care educational programs
1059	52049	Very Good	Increasing - moving up	HH	PART	PHARM	Home care, hospital collaboration at the county level, longer pharmacy hours
1037	52043	Good	Increasing - moving up	HH			Home health agency
1064	52049	Average	Decreasing - slipping downward	INSU			Dr. Walker in Prairie du Chien, WI comes out of the Fennimore Health Clinic. He does not accept insurance. You can get in quickly and only \$49 for an office call.
1028	52076	Poor	Not really changing much	NUTR	FIT	BH	Nutrition, exercise, mental health, adult activities surrounding health
1040	52043	Very Good	Increasing - moving up	NUTR	POV		Food bank in Elkader
1031	53047	Poor	Decreasing - slipping downward	PALL			Palliative care
1058	52076	Good	Decreasing - slipping downward	PALL			Palliative care
1051	52043	Very Good	Increasing - moving up	PREV			More health screenings (ie. skin cancer, blood pressure, prostate, etc)
1089	52159	Good	Not really changing much	SERV	ALL		Outreach programs /all you can get, no place providing NP care is not adaptable for man Update your priorities and care for all patients..
1057	048/520	Good	Decreasing - slipping downward	SPRT	SCH	EDU	More support groups, urgent care/provider availability, education in schools on health and COVID regulations in schools.
1007	52043	Good	Not really changing much	TRAN	EDU	SPRT	Transport services to medical care appointments Community support for people needing ongoing care Encouragement/education to participate in medical care service

Let Your Voice Be Heard!

In 2019, MercyOne Elkader Medical Center surveyed the community to assess health needs. Today, we request your input again in order to create a 2022 Elkader, IA Community Health Needs Assessment (CHNA).

To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! Deadline to participate is March 3rd, 2022

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in your community?

- Very Good Good Average Poor Very Poor

2. When considering "overall community health quality", is it ...

- Increasing - moving up Not really changing much Decreasing - slipping downward

Please specify why.

3. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

4. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Be specific)

5. From our past CHNA, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) | <input type="checkbox"/> Chronic Diseases |
| <input type="checkbox"/> Emergency Readiness / EMS | <input type="checkbox"/> Healthcare Insurance |
| <input type="checkbox"/> Obesity (Nutrition / Exercise) | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Cancer Services |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Environment | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Lack of Care Coordination |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Dentists (Accepting Medicaid) |
| <input type="checkbox"/> Owning Your Health / Health Apathy | <input type="checkbox"/> Inadequate Social Support |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Water Quality |

6. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- | | |
|--|--|
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) | <input type="checkbox"/> Chronic Diseases |
| <input type="checkbox"/> Emergency Readiness / EMS | <input type="checkbox"/> Healthcare Insurance |
| <input type="checkbox"/> Obesity (Nutrition / Exercise) | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Cancer Services |
| <input type="checkbox"/> Awareness of Health Services | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Environment | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Lack of Care Coordination |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Dentists (Accepting Medicaid) |
| <input type="checkbox"/> Owning Your Health / Health Apathy | <input type="checkbox"/> Inadequate Social Support |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Water Quality |

7. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- Chronic Disease
- Limited Access to Mental Health
- Lack of Health & Wellness
- Family Assistance programs
- Lack of Nutrition/Exercise Services
- Lack of Health Insurance
- Limited Access to Primary Care
- Neglect
- Limited Access Specialty Care

Other (Be Specific).



8. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomertist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



9. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk-In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

- Yes No

If yes, please specify your thoughts.

[Text input box]



12. Over the past 2 years, did you or someone in your household receive healthcare services outside of your County?

- Yes No

If yes, please specify the services received

[Text input box]



13. Access to care is vital. Are there enough providers/staff available at the right times to care for you and our community?

- Yes No

If NO, please specify what is needed where. Be specific.

[Text input box]



14. What "new" community health programs should be created to meet current community health needs?

[Text input box]



15. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? Please select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventative Health/Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral/Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (Please specify).



16. For reporting purposes, are you involved in or are you a....? Please select all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Business/Merchant | <input type="checkbox"/> EMS/Emergency | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Community Board Member | <input type="checkbox"/> Farmer/Rancher | <input type="checkbox"/> Parent/Caregiver |
| <input type="checkbox"/> Case Manager/Discharge Planner | <input type="checkbox"/> Hospital/Health Dept. | <input type="checkbox"/> Pharmacy/Clinic |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Housing/Builder | <input type="checkbox"/> Media (Paper/TV/Radio) |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Labor | <input type="checkbox"/> Teacher/School Admin |
| <input type="checkbox"/> Dentist/Eye Doctor/Chiropractor | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Elected Official - City/County | <input type="checkbox"/> Mental Health | |

Other (Please specify).



17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305



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VWV Consultants LLC is an Olathe, KS based “boutique” healthcare consulting firm specializing in Strategy; Research and Business Development services. We partner with clients. Plan the Work; Work the Plan